

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

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Page 1 of 205

SUMMARY PAGE

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE	
Fedele 2010					<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME						
Title	First MICHAEL	MI A	Last TOTILO	Suffix		
4. TREASURER ADDRESS						
Street Address 23 Rockrimmon Ln		City Stamford		State CT	Zip Code 06903-2825	
5. ELECTION DATE		6. OFFICE SOUGHT (if applicable)			7. DISTRICT CODE (if applicable)	
11/02/2010		Governor				
8. CANDIDATE NAME						
Title	First Michael	MI C.	Last Fedele	Suffix		
9. TYPE OF REPORT						
April 10 Filing - Original						
10. PERIOD COVERED						
Beginning Date Ending Date						
01/01/2010 thru 03/31/2010						
11. CERTIFICATION						
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.						
Electronic Filing		MICHAEL TOTILO		04/12/2010		
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED		
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.						

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Fedele 2010	Original 04/12/2010	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$57,557.97	
14. Contributions received from Individuals (Section A and B)	\$55,474.00	\$122,547.00
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D-I)	\$10.00	\$20.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$55,484.00	\$122,567.00
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$113,041.97	\$122,567.00
20. Expenses Paid by Committee (Section N)	\$64,124.37	\$73,649.40
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$48,917.60	\$48,917.60
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$185.00	\$185.00
23. In-Kind Contributions Received (Section K)	\$84.96	\$84.96
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	\$0.00
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	\$0.00
27. Campaign Expenses Paid By Candidate (Section O)	\$432.58	\$6,597.75
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$35,827.03	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$35,827.03	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)	Subtotal Section A \$0.00

B. Itemized Contributions from Individuals

Last Name Wilson	First Name Rita	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0731	Amount of Contribution
Residential Street Address 17 Agawam Dr	City Cromwell	State CT	Zip Code 06416	Date Received 01/01/2010		
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Barry	First Name Thomas	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0730	Amount of Contribution
Residential Street Address 247 Sawmill Rd	City Stamford	State CT	Zip Code 06903	Date Received 01/01/2010		
Principal Occupation Finance	Name of Employer SXM	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Frank	First Name Neil	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0732	Amount of Contribution
Residential Street Address 32 3rd St	City Stamford	State CT	Zip Code 06905	Date Received 01/02/2010		
Principal Occupation Histotechnologist	Name of Employer The Stamford Hospital	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
\$50.00						
Last Name Harpie Jr.	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0733	Amount of Contribution
Residential Street Address 36 Baldwin Ct	City Newington	State CT	Zip Code 06111-5325	Date Received 01/02/2010		
Principal Occupation Chief Loan Officer	Name of Employer Connecticut Development Authority	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Pansiero	First Name Dorothy	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0738	Amount of Contribution \$100.00	
Residential Street Address 716 Stillwater Rd		City Stamford		State CT	Zip Code 06902		Date Received 01/04/2010
Principal Occupation Retired		Name of Employer Retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00			
Last Name Romaniello	First Name Richard	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0739	Amount of Contribution \$100.00	
Residential Street Address 25 Norman Rd		City Stamford		State CT	Zip Code 06906		Date Received 01/04/2010
Principal Occupation Electrician		Name of Employer Jansco Electric, Inc		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00			
Last Name Telesco	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0740	Amount of Contribution \$100.00	
Residential Street Address 112 Chatham Rd		City Stamford		State CT	Zip Code 06903		Date Received 01/04/2010
Principal Occupation Firefighter		Name of Employer City of Stamford		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00			
Last Name Lombardo	First Name Victoria	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0742	Amount of Contribution \$10.00	
Residential Street Address 51 Newfield Dr		City Stamford		State CT	Zip Code 06905		Date Received 01/05/2010
Principal Occupation		Name of Employer Retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$10.00			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Jerram	First Name Dan	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0746	Amount of Contribution \$100.00
Residential Street Address 30 Willow Ln	City New Hartford	State CT	Zip Code 06057	Date Received 01/06/2010		
Principal Occupation First Selectman	Name of Employer Town of New Hartford	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Lombardo	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0747	Amount of Contribution \$100.00
Residential Street Address 4 Gray Squirrel Dr	City Norwalk	State CT	Zip Code 06850	Date Received 01/06/2010		
Principal Occupation Realtor	Name of Employer Plaza Realty and Management	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Sachs	First Name Krystal	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0748	Amount of Contribution \$100.00
Residential Street Address 60W 23rd St Apt 1051	City New York	State NY	Zip Code 10010	Date Received 01/06/2010		
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Smeraldi	First Name Liza	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0749	Amount of Contribution \$100.00
Residential Street Address 1258-11 Stillwater Rd	City Stamford	State CT	Zip Code 06902	Date Received 01/06/2010		
Principal Occupation Student	Name of Employer Not Applicable	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Canavan	First Name Paul	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0751	Amount of Contribution \$25.00
Residential Street Address 82 Kidder Brook Rd	City Ashford	State CT	Zip Code 06278	Date Received 01/07/2010		
Principal Occupation Professor	Name of Employer Northeastern University		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Marino	First Name Robert	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0753	Amount of Contribution \$100.00
Residential Street Address 135 Eastridge Dr	City Waterbury	State CT	Zip Code 06708-3344	Date Received 01/07/2010		
Principal Occupation Executive	Name of Employer Aftermarket Specialty Co		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Smeriglio	First Name Richard	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0754	Amount of Contribution \$100.00
Residential Street Address 140 Overbrook Dr	City Stamford	State CT	Zip Code 06906	Date Received 01/07/2010		
Principal Occupation Real Estate/Sales Management	Name of Employer Plaza Realty and Management		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Anderson	First Name Catherine	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0750	Amount of Contribution \$100.00
Residential Street Address 110 Skymeadow Dr	City Stamford	State CT	Zip Code 06903	Date Received 01/07/2010		
Principal Occupation N/A	Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Corelli		First Name Kim		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0752	Amount of Contribution
Residential Street Address 48 Bungalow Park		City Stamford		State CT	Zip Code 06902		Date Received 01/07/2010	
Principal Occupation Executive Assistant/Office Manager		Name of Employer Rain CII Carbon LLC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	

Last Name Anderson		First Name Henry		MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0755	Amount of Contribution
Residential Street Address 110 Skymeadow Dr		City Stamford		State CT	Zip Code 06903-3408		Date Received 01/08/2010	
Principal Occupation Underwriter		Name of Employer Stamford Underwriting Managers, LLC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Brugg		First Name Alan		MI H	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0756		Amount of Contribution	
Residential Street Address 112 Lawrence Hill Rd			City Stamford		State CT	Zip Code 06903		Date Received 01/08/2010				
Principal Occupation Endodontist			Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00		\$100.00		

Last Name Nolin		First Name Peter		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0758	Amount of Contribution \$100.00
Residential Street Address 2 Douglas		City Norwalk		State CT	Zip Code 06850-1730	Date Received 01/08/2010		
Principal Occupation attorney		Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
FedeLe 2010	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Pirone		First Name Ciro		MI J	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0762		Amount of Contribution	
Residential Street Address 1200 Summer St			City Stamford			State CT	Zip Code 06905-5528		Date Received 01/11/2010			
Principal Occupation CPA			Name of Employer Totilo & Company				Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with:					<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Sansone		First Name Elaine		MI		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0765		Amount of Contribution	
Residential Street Address 286 Webbs Hill Rd			City Stamford			State CT		Zip Code 06903		Date Received 01/12/2010	
Principal Occupation Cardiac Sonographer			Name of Employer Cardiology Associates			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative						Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00		
									\$100.00		

Last Name Herrmann		First Name Thomas A.		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0764	Amount of Contribution
Residential Street Address 75 Kellers Farm Rd		City Easton		State CT	Zip Code 06612		Date Received 01/12/2010	
Principal Occupation Private Equity		Name of Employer Stanwich Partners LLC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Gallo						First Name Joi Reiner						MI		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card				Contribution ID # 0763		Amount of Contribution			
Residential Street Address 1120 Post Rd # 100								City Darien						State CT		Zip Code 06820				Date Received 01/12/2010			
Principal Occupation Accountant								Name of Employer Five Mile						Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No									
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative												Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No						Aggregate Contributions \$100.00				\$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Smith III	First Name William	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0771	Amount of Contribution \$100.00
Residential Street Address 90 Dunn Ave	City Stamford	State CT	Zip Code 06905-1111	Date Received 01/14/2010		
Principal Occupation Fire Fighter	Name of Employer City Of Stamford Fire Department		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Smith	First Name Alix	MI T	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0772	Amount of Contribution \$100.00
Residential Street Address 90 Dunn Ave	City Stamford	State CT	Zip Code 06905-1111	Date Received 01/14/2010		
Principal Occupation Exec	Name of Employer Rubenstein Associations		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Stevens	First Name George	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0773	Amount of Contribution \$100.00
Residential Street Address 19 Park Ln	City Norwalk	State CT	Zip Code 06854	Date Received 01/14/2010		
Principal Occupation Auto sales	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Sweeney	First Name John	MI T	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0774	Amount of Contribution \$100.00
Residential Street Address 33 Platt Dr	City Prospect	State CT	Zip Code 06712	Date Received 01/14/2010		
Principal Occupation Nursing Home Administrator	Name of Employer Apple Health Care		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
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B. Itemized Contributions from Individuals

Last Name Pomponi	First Name Amy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0778	Amount of Contribution \$100.00
Residential Street Address 15 Silver Lakes Dr	City Darien	State CT	Zip Code 06820	Date Received 01/15/2010		
Principal Occupation	Name of Employer Homemaker		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Pomponi	First Name Stephen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0779	Amount of Contribution \$100.00
Residential Street Address 15 Silver Lakes Dr	City Darien	State CT	Zip Code 06820	Date Received 01/15/2010		
Principal Occupation	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Regan	First Name John	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0780	Amount of Contribution \$100.00
Residential Street Address 15 Hillcrest Park Rd	City Old Greenwich	State CT	Zip Code 06870	Date Received 01/15/2010		
Principal Occupation Attorney	Name of Employer Self Employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Rensiero	First Name Orlando	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0781	Amount of Contribution \$100.00
Residential Street Address 716 Stillwater Rd	City Stamford	State CT	Zip Code 06902	Date Received 01/15/2010		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Devanney		First Name Timothy		MI J	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0782		Amount of Contribution	
Residential Street Address 70 Porter St			City Manchester			State CT	Zip Code 06040-5438		Date Received 01/18/2010			
Principal Occupation Retail Grocery			Name of Employer Highland Park Market				Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with:					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00		\$100.00		
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative												

Last Name Esposito		First Name Gina		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0783	Amount of Contribution
Residential Street Address 32 Thrush Ln		City New Canaan		State CT	Zip Code 06840		Date Received 01/19/2010	
Principal Occupation trader		Name of Employer Trammochem			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Esposito		First Name Mark		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0784	Amount of Contribution
Residential Street Address 32 Thrush Ln		City New Canaan		State CT	Zip Code 06840	Date Received 01/19/2010		
Principal Occupation Partner		Name of Employer Sheffield Haworth Inc			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00	

Last Name Archambault		First Name Lillith		MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0785	Amount of Contribution \$20.00
Residential Street Address 341 Wiese Rd		City Cheshire		State CT	Zip Code 06410-4133	Date Received 01/20/2010		
Principal Occupation Retired		Name of Employer Cheshire Board Of Education			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$20.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
FedeLe 2010	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Liakopoulos		First Name Costas		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0794	Amount of Contribution
Residential Street Address 53 Cheston Cir			City Wethersfield		State CT	Zip Code 06109	Date Received 01/20/2010	
Principal Occupation			Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Matteis		First Name Diane		MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0795	Amount of Contribution \$100.00
Residential Street Address 7 Robin Hood Rd		City Stamford		State CT	Zip Code 06907		Date Received 01/20/2010	
Principal Occupation Controller		Name of Employer A. Pappajohn, Cco.			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

Last Name Matteis, Jr		First Name Anthony		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0796	Amount of Contribution \$100.00
Residential Street Address 7 Robin Hood Rd		City Stamford		State CT	Zip Code 06907		Date Received 01/20/2010	
Principal Occupation Real Estate		Name of Employer AJM Real Estate Services			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

Last Name Piaseczynski		First Name Richard		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0797	Amount of Contribution \$75.00
Residential Street Address 7 Woodhenge Dr		City Tolland		State CT	Zip Code 06084	Date Received 01/20/2010		
Principal Occupation Police Officer		Name of Employer Department of Public Safety			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$75.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
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B. Itemized Contributions from Individuals

Last Name Sabia, Jr	First Name Michael	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0798	Amount of Contribution
Residential Street Address 217 Haviland Rd	City Stamford	State CT	Zip Code 06903	Date Received 01/20/2010		
Principal Occupation Podiatrist	Name of Employer Stamford Group		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Wilson	First Name William	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0799	Amount of Contribution
Residential Street Address 29 Briar Dr	City Brewster	State NY	Zip Code 10509	Date Received 01/20/2010		
Principal Occupation Lab Admin	Name of Employer Stamford Hospital		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Mlodzinski	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0800	Amount of Contribution
Residential Street Address 51 Haylin Dr	City Vernon	State CT	Zip Code 06066	Date Received 01/21/2010		
Principal Occupation Information Technology	Name of Employer CBTS/GE		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Interlandi	First Name Paul	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0801	Amount of Contribution
Residential Street Address 208 Roxbury Rd	City Stamford	State CT	Zip Code 06902	Date Received 01/24/2010		
Principal Occupation Contractor	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Martin	First Name Hortense	MI W	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0802	Amount of Contribution \$50.00
Residential Street Address 511 Roxbury Rd	City Stamford	State CT	Zip Code 06902	Date Received 01/24/2010		
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Catalanotto	First Name Dominic	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0803	Amount of Contribution \$100.00
Residential Street Address 15 Clipper Dr	City Northport	State NY	Zip Code 11768	Date Received 01/25/2010		
Principal Occupation Manager	Name of Employer CM Resources Corp	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Marena	First Name Margaux	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0804	Amount of Contribution \$100.00
Residential Street Address 806 Hope St Unit 1	City Stamford	State CT	Zip Code 06907	Date Received 01/25/2010		
Principal Occupation Homemaker	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Veno	First Name Jennifer	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0806	Amount of Contribution \$100.00
Residential Street Address 375 Chestnut Hill Rd	City Norwalk	State CT	Zip Code 06851	Date Received 01/25/2010		
Principal Occupation Office Manager	Name of Employer Fairfield Electric	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Veno		First Name Michael		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0807		Amount of Contribution	
Residential Street Address 375 Chestnut Hill Rd			City Norwalk		State CT	Zip Code 06851		Date Received 01/25/2010				
Principal Occupation Electrician			Name of Employer Self Employed			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with:					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00		\$100.00		
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative												

Last Name Schuster		First Name Edward		MI		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0805		Amount of Contribution	
Residential Street Address 1177 Summer St			City Stamford			State CT		Zip Code 06905		Date Received 01/25/2010	
Principal Occupation Physician			Name of Employer Cardiology Associates			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative						Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00		

Last Name Faenza		First Name Tani		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0808	Amount of Contribution \$100.00
Residential Street Address 893 Farmington Ave Unit 3B		City West Hartford		State CT	Zip Code 06119	Date Received 01/27/2010		
Principal Occupation Retired		Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

Last Name Stowell		First Name William		MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0810	Amount of Contribution \$50.00
Residential Street Address 1 Elfin Pl		City Middlebury		State CT	Zip Code 06762-3461		Date Received 01/27/2010	
Principal Occupation Retired		Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Tomasello	First Name Jill	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0811	Amount of Contribution \$100.00
Residential Street Address 34 Lake Dr	City Darien	State CT	Zip Code 06820	Date Received 01/27/2010		
Principal Occupation PT	Name of Employer APTL, LLC	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Mallozzi	First Name Kristin	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0809	Amount of Contribution \$100.00
Residential Street Address 175 Old Stamford Rd	City New Canaan	State CT	Zip Code 06840	Date Received 01/27/2010		
Principal Occupation	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Aposporos	First Name Maria	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0812	Amount of Contribution \$100.00
Residential Street Address 43 Sylvan Knoll Rd	City Stamford	State CT	Zip Code 06902	Date Received 01/28/2010		
Principal Occupation Owner	Name of Employer Calley's Diner	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Desantis	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0813	Amount of Contribution \$100.00
Residential Street Address 114 Hartwood Rd	City Stamford	State CT	Zip Code 06905-2212	Date Received 01/28/2010		
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
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B. Itemized Contributions from Individuals

Last Name Sandiaes	First Name Linda	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0818	Amount of Contribution \$100.00	
Residential Street Address 500 Cold Spring Rd Apt E318		City Rocky Hill		State CT	Zip Code 06067		Date Received 01/30/2010
Principal Occupation Administrative Aide		Name of Employer State of Connecticut		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00			
Last Name Butler	First Name Betty Ann	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0820	Amount of Contribution \$10.00	
Residential Street Address 29 Fenwood Grove Rd		City Old Saybrook		State CT	Zip Code 06475		Date Received 01/31/2010
Principal Occupation Retired		Name of Employer Retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$10.00			
Last Name Butler	First Name Jordan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0821	Amount of Contribution \$10.00	
Residential Street Address 29 Fenwood Grove Rd		City Old Saybrook		State CT	Zip Code 06475		Date Received 01/31/2010
Principal Occupation Retired		Name of Employer Retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$10.00			
Last Name Butler	First Name Karen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0822	Amount of Contribution \$10.00	
Residential Street Address 68 Neptune Dr		City Old Saybrook		State CT	Zip Code 06475		Date Received 01/31/2010
Principal Occupation Teacher		Name of Employer Region 18 Schools		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$10.00			

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Lee	First Name Thomas	MI G	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0828	Amount of Contribution \$100.00
Residential Street Address 172 Palomino Pass	City Trumbull	State CT	Zip Code 06611	Date Received 01/31/2010		
Principal Occupation Owner	Name of Employer Newfield Green Cleaners	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Stripp	First Name John	MI E	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0831	Amount of Contribution \$100.00
Residential Street Address 4 Scatacook Trl	City Weston	State CT	Zip Code 06883-1312	Date Received 01/31/2010		
Principal Occupation State Representative	Name of Employer State Of Connecticut	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Tagliatela	First Name Stephen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0832	Amount of Contribution \$100.00
Residential Street Address 10 Cove St	City Old Saybrook	State CT	Zip Code 06475	Date Received 01/31/2010		
Principal Occupation Innkeeper	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Thorpe	First Name Bradford	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0833	Amount of Contribution \$50.00
Residential Street Address 17 Mallard Dr	City Old Saybrook	State CT	Zip Code 06475-4310	Date Received 01/31/2010		
Principal Occupation Mortgage Officer	Name of Employer Peoples United Bank	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Lemonte	First Name Lemar	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0829	Amount of Contribution \$100.00
Residential Street Address 175 Ferry Rd	City Old Saybrook	State CT	Zip Code 06475	Date Received 01/31/2010		
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Munger	First Name Marguerite	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0830	Amount of Contribution \$100.00
Residential Street Address 32 Elaine Dr	City Stamford	State CT	Zip Code 06902	Date Received 01/31/2010		
Principal Occupation Office Manager	Name of Employer Bruce Baron, M.D.	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Artinian	First Name Harry	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0819	Amount of Contribution \$100.00
Residential Street Address 9 Park Pl	City Darien	State CT	Zip Code 06820	Date Received 01/31/2010		
Principal Occupation Ad Executive	Name of Employer McCann WorldGroup	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Dell	First Name Frank	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0825	Amount of Contribution \$100.00
Residential Street Address 125 Hardesty Rd	City Stamford	State CT	Zip Code 06903	Date Received 01/31/2010		
Principal Occupation Manager	Name of Employer Dellmart & Co	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Godina		First Name Claudia		MI J	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0839		Amount of Contribution	
Residential Street Address 8 Ridge Tree Ln			City Stamford		State CT	Zip Code 06903		Date Received 02/03/2010				
Principal Occupation Housewife			Name of Employer Housewife			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with:					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00		\$100.00		
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative												

Last Name Godina		First Name Lee		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0841	Amount of Contribution
Residential Street Address 8 Ridge Tree Ln		City Stamford		State CT	Zip Code 06903		Date Received 02/03/2010	
Principal Occupation Executive		Name of Employer Resinall Corp			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with:				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative								

Last Name Godina		First Name Michael		MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0842	Amount of Contribution \$100.00
Residential Street Address 241 Russet Rd		City Stamford		State CT	Zip Code 06903	Date Received 02/03/2010		
Principal Occupation Manager		Name of Employer Resinall Corp			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

Last Name Godina		First Name Kirstie		MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0840	Amount of Contribution \$100.00
Residential Street Address 241 Russet Rd		City Stamford		State CT	Zip Code 06903	Date Received 02/03/2010		
Principal Occupation Social Worker		Name of Employer New Canaan Public Schools			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Zaccarelli		First Name William		MI R	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0856		Amount of Contribution	
Residential Street Address 14 Shields Ln			City Ridgefield		State CT	Zip Code 06877		Date Received 02/03/2010				
Principal Occupation CFO			Name of Employer Resinall Corp			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contribution is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00		\$100.00		

Last Name Panico	First Name Alfonso	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0848	Amount of Contribution
Residential Street Address 90 St John St	City North Haven	State CT	Zip Code 06473	Date Received 02/03/2010	
Principal Occupation Self	Name of Employer Self Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Aggregate Contributions				\$100.00	\$100.00

Last Name Pizzola						First Name Lorena		MI		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card				Contribution ID # 0850		Amount of Contribution		
Residential Street Address 2 Old Quarry Rd						City Woodbridge				State CT		Zip Code 06525		Date Received 02/03/2010				
Principal Occupation Homemaker						Name of Employer Homemaker				Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #				<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:									<input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?				Aggregate Contributions \$100.00			
									<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input type="checkbox"/> No				\$100.00			

Last Name Bocchino		First Name John		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0857	Amount of Contribution \$100.00
Residential Street Address 1 Candlelight Pl		City Greenwich		State CT	Zip Code 06830		Date Received 02/04/2010	
Principal Occupation Office Admin		Name of Employer Rubino Bros Inc.			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Bondar	First Name Crystal	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0858	Amount of Contribution \$100.00
Residential Street Address 477 Den Rd	City Stamford	State CT	Zip Code 06903	Date Received 02/04/2010		
Principal Occupation Administrator	Name of Employer Rubino Bros Inc.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Boritzer	First Name Eric	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0859	Amount of Contribution \$100.00
Residential Street Address 1401 Chadwick Ct	City Tarrytown	State NY	Zip Code 10591-5036	Date Received 02/04/2010		
Principal Occupation Manager	Name of Employer Rubino Bros Inc.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Dorf	First Name Bryan	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0860	Amount of Contribution \$100.00
Residential Street Address 14 Beaver Pond Ln	City South Salem	State NY	Zip Code 10590	Date Received 02/04/2010		
Principal Occupation physician	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Dorf	First Name Samantha	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0861	Amount of Contribution \$100.00
Residential Street Address 14 Beaver Pond Ln	City South Salem	State NY	Zip Code 10590	Date Received 02/04/2010		
Principal Occupation manager	Name of Employer Shoreline Medical LLP		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Assaf	First Name Elia	MI Y	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0874	Amount of Contribution \$100.00
Residential Street Address 18 Padanaram Rd	City Danbury	State CT	Zip Code 06811	Date Received 02/08/2010		
Principal Occupation Distributor	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Besser	First Name Eileen	MI T	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0875	Amount of Contribution \$100.00
Residential Street Address 23 Tobys Ln	City New Canaan	State CT	Zip Code 06840-3437	Date Received 02/08/2010		
Principal Occupation Homemaker	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Brown	First Name Patricia	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0876	Amount of Contribution \$100.00
Residential Street Address 33 Pine Hill Ave Unit 5	City Stamford	State CT	Zip Code 06906	Date Received 02/08/2010		
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Brown	First Name Philip	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0877	Amount of Contribution \$100.00
Residential Street Address 33 Pine Hill Ave	City Stamford	State CT	Zip Code 06906	Date Received 02/08/2010		
Principal Occupation Engineer	Name of Employer City of Stamford	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Marena	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0887	Amount of Contribution \$100.00
Residential Street Address 46 Clinton Ave	City Norwalk	State CT	Zip Code 06854	Date Received 02/08/2010		
Principal Occupation Broker	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Mason	First Name Sybilla	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0888	Amount of Contribution \$100.00
Residential Street Address 325 Lafayette St # 8308	City Stamford	State CT	Zip Code 06604	Date Received 02/08/2010		
Principal Occupation Contract Administrator	Name of Employer Sampra Energy Trading	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name McCabe	First Name Katie	MI Z	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0889	Amount of Contribution \$100.00
Residential Street Address 23 Pepper Ridge Pl	City Stamford	State CT	Zip Code 06905	Date Received 02/08/2010		
Principal Occupation Social Worker	Name of Employer Student	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Minyo	First Name Nancy	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0891	Amount of Contribution \$100.00
Residential Street Address 39 Ridge St	City Cos Cob	State CT	Zip Code 06807	Date Received 02/08/2010		
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Moore	First Name Bruce	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0892	Amount of Contribution \$100.00
Residential Street Address 89 West Trl	City Stamford	State CT	Zip Code 06903	Date Received 02/08/2010		
Principal Occupation President	Name of Employer Eastern Land Management	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Moore	First Name Cheryl	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0893	Amount of Contribution \$100.00
Residential Street Address 89 West Trl	City Stamford	State CT	Zip Code 06903	Date Received 02/08/2010		
Principal Occupation Board of Education	Name of Employer City of Stamford	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name O'Brien	First Name Tara	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0894	Amount of Contribution \$100.00
Residential Street Address 283 Sundance Rd	City Stamford	State CT	Zip Code 06905	Date Received 02/08/2010		
Principal Occupation Nursery School Teacher	Name of Employer OBGYN Associates	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Scrivani	First Name George E.	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0895	Amount of Contribution \$100.00
Residential Street Address 15 Roaring Brook Rd	City Easton	State CT	Zip Code 06612	Date Received 02/08/2010		
Principal Occupation Banker	Name of Employer Stamford Bank and Trust	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Stanek	First Name Laura	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0898	Amount of Contribution
Residential Street Address 37 Nash Pl	City Norwalk	State CT	Zip Code 06854	Date Received 02/08/2010		
Principal Occupation Massage Therapist	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Sullivan	First Name John	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0899	Amount of Contribution
Residential Street Address 239 Baxter Rd	City Mansfield	State CT	Zip Code 06268	Date Received 02/08/2010		
Principal Occupation Manager of Treasury Services	Name of Employer University of Connecticut	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Tamburri	First Name Mary Ann	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0900	Amount of Contribution
Residential Street Address 63 Downs Ave	City Stamford	State CT	Zip Code 06902	Date Received 02/08/2010		
Principal Occupation Nursery School Teacher	Name of Employer OBGYN Associates	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Terenzio	First Name Lucille	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0901	Amount of Contribution
Residential Street Address 106 Club Rd	City Stamford	State CT	Zip Code 06905-2120	Date Received 02/08/2010		
Principal Occupation Asst. Registrar of Voters	Name of Employer City of Stamford	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name DELUCA		First Name LARRY		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0906	Amount of Contribution
Residential Street Address 7 Deluca Dr		City Cos Cob		State CT	Zip Code 06807		Date Received 02/09/2010	
Principal Occupation EXCAVATION		Name of Employer SELF			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Gautrau		First Name Chris		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0907	Amount of Contribution
Residential Street Address PO Box 327			City Riverside		State CT	Zip Code 06878		Date Received 02/09/2010
Principal Occupation real estate			Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00	
\$100.00								

Last Name stelzl		First Name donna		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0911	Amount of Contribution
Residential Street Address PO Box 327		City Riverside		State CT	Zip Code 06878	Date Received 02/09/2010		
Principal Occupation dir of operations		Name of Employer northeast food marketing			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

Last Name POWERS		First Name MICHAEL		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0908	Amount of Contribution \$100.00
Residential Street Address 46 Douglas Dr		City Norwalk		State CT	Zip Code 06850	Date Received 02/09/2010		
Principal Occupation CATERER		Name of Employer SELF			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name QUERZE		First Name DINO		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0909	Amount of Contribution
Residential Street Address 46 Club Cir		City Stamford		State CT	Zip Code 06905		Date Received 02/09/2010	
Principal Occupation CONSULTANT		Name of Employer SLEF			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Schock		First Name Billie		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0910	Amount of Contribution
Residential Street Address 70 Merry Violet Rd		City Stamford		State CT	Zip Code 06907	Date Received 02/09/2010		
Principal Occupation Parks and Req		Name of Employer Town of Greenwich			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Bivona		First Name Diana		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0912	Amount of Contribution
Residential Street Address 87 Buckingham Ridge Rd			City Wilton		State CT	Zip Code 06897	Date Received 02/10/2010	
Principal Occupation			Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Bivona, Jr.		First Name Thomas		MI C	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0913	Amount of Contribution
Residential Street Address 87 Buckingham Ridge Rd		City Wilton			State CT	Zip Code 06897	Date Received 02/10/2010	
Principal Occupation Owner		Name of Employer My Way Auto Body			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Hamman	First Name Dale	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0918	Amount of Contribution \$100.00
Residential Street Address 29 Lindsey Ave	City Stamford	State CT	Zip Code 06905	Date Received 02/13/2010		
Principal Occupation Stone Fabrication	Name of Employer Self-Employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Lindner	First Name Aileen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0919	Amount of Contribution \$50.00
Residential Street Address 28 Saddle Ridge Rd	City Wilton	State CT	Zip Code 06897	Date Received 02/13/2010		
Principal Occupation Physician	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Lopez	First Name Luis	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0920	Amount of Contribution \$100.00
Residential Street Address 325 Lafayette St # 8308	City Bridgeport	State CT	Zip Code 06604	Date Received 02/13/2010		
Principal Occupation Dance Studio Owner/Promoter	Name of Employer Self-Employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Russell	First Name Jo-Ann	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0921	Amount of Contribution \$100.00
Residential Street Address 8 Miya Ln	City Sandy Hook	State CT	Zip Code 06482	Date Received 02/13/2010		
Principal Occupation RN	Name of Employer Danbury Hospital		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Katz	First Name Julia	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0934	Amount of Contribution
Residential Street Address 460 Hunting Ridge Rd	City Stamford	State CT	Zip Code 06903	Date Received 02/24/2010		
Principal Occupation Paralegal	Name of Employer Mark F. Katz		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Cooper	First Name Denise	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0936	Amount of Contribution
Residential Street Address 77 Ripley Hill Rd	City Coventry	State CT	Zip Code 06238	Date Received 02/25/2010		
Principal Occupation WPCA Adminstrator	Name of Employer Town of Hebron		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Brinson	First Name Corey	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0935	Amount of Contribution
Residential Street Address 8E Westview Dr	City Bloomfield	State CT	Zip Code 06002	Date Received 02/25/2010		
Principal Occupation Attorney	Name of Employer Self-Employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Lombardi	First Name Mario L.	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0937	Amount of Contribution
Residential Street Address 995 Shippan Ave .	City Stamford	State CT	Zip Code 06902	Date Received 02/26/2010		
Principal Occupation Investor	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Braccia	First Name Robert S	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0942	Amount of Contribution \$100.00
Residential Street Address 202-48 Soundview Ave	City Stamford	State CT	Zip Code 06902	Date Received 02/27/2010		
Principal Occupation Police Sergeant - retired	Name of Employer City of Stamford - retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Christensen	First Name Cindy	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0943	Amount of Contribution \$100.00
Residential Street Address 13 Southview Ave	City Danbury	State CT	Zip Code 06811	Date Received 02/27/2010		
Principal Occupation Nurse Manager	Name of Employer VA Hospital	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Totilo, Sr.	First Name Frank	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0944	Amount of Contribution \$100.00
Residential Street Address 13 Southview Ave	City Danbury	State CT	Zip Code 06811	Date Received 02/27/2010		
Principal Occupation Real Estate	Name of Employer Self Employed	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Schroeder	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0946	Amount of Contribution \$100.00
Residential Street Address 1549 Huntington Tpke	City Trumbull	State CT	Zip Code 06611	Date Received 03/01/2010		
Principal Occupation Marketing	Name of Employer Akzo Nobel	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name smoller	First Name andrew	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0947	Amount of Contribution \$100.00
Residential Street Address 2 Tods Driftway	City Old Greenwich	State CT	Zip Code 06870	Date Received 03/01/2010		
Principal Occupation portfolio manager	Name of Employer millennium partners	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Corelli	First Name Anthony	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0945	Amount of Contribution \$100.00
Residential Street Address 48 Bungalow Park	City Stamford	State CT	Zip Code 06902	Date Received 03/01/2010		
Principal Occupation Sales Manager	Name of Employer Stepping Stones Marble and Granite	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Mercede	First Name Nicholas	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0948	Amount of Contribution \$100.00
Residential Street Address 31 Horseshoe Ln	City Stamford	State CT	Zip Code 06903	Date Received 03/02/2010		
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name D'Elia	First Name Nicola	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0949	Amount of Contribution \$100.00
Residential Street Address 52 Skyview Dr	City Stamford	State CT	Zip Code 06902	Date Received 03/03/2010		
Principal Occupation Mechanic	Name of Employer Bimbo Bakeries	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Gaboury	First Name Mario	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0951	Amount of Contribution \$20.00
Residential Street Address 54 Meadowood Ln	City Old Saybrook	State CT	Zip Code 06475	Date Received 03/03/2010		
Principal Occupation Professor	Name of Employer Univ of New Haven	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$20.00		
Last Name Caulfield	First Name John	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0965	Amount of Contribution \$100.00
Residential Street Address 351 Pemberwick Rd	City Greenwich	State CT	Zip Code 06831	Date Received 03/04/2010		
Principal Occupation Lawyer	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Kernan	First Name Gilbert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0985	Amount of Contribution \$100.00
Residential Street Address 14 Sherry Ln	City Darien	State CT	Zip Code 06820	Date Received 03/04/2010		
Principal Occupation Real Estate	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Levine	First Name Sheldon	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0987	Amount of Contribution \$25.00
Residential Street Address 29 Cricket Ln	City Stamford	State CT	Zip Code 06903	Date Received 03/04/2010		
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$75.00		

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name King	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0986	Amount of Contribution
Residential Street Address 53 Round Hill Rd	City Greenwich	State CT	Zip Code 06831	Date Received 03/04/2010		
Principal Occupation Consultant	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Slattery	First Name Joanne	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0997	Amount of Contribution
Residential Street Address 67 Fable Farm Rd	City New Canaan	State CT	Zip Code 06840	Date Received 03/04/2010		
Principal Occupation Homemaker	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Steed	First Name Paul	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1000	Amount of Contribution
Residential Street Address 173 Farms Rd	City Stamford	State CT	Zip Code 06903	Date Received 03/04/2010		
Principal Occupation VP Business Development	Name of Employer ThreeJars	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						
Last Name Bavis	First Name Louise	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0957	Amount of Contribution
Residential Street Address 74 Alexander St	City Greenwich	State CT	Zip Code 06830	Date Received 03/04/2010		
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Robben	First Name Robert	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0995	Amount of Contribution \$100.00
Residential Street Address 319 Sound Beach Ave	City Old Greenwich	State CT	Zip Code 06870	Date Received 03/04/2010		
Principal Occupation Sales	Name of Employer RobToy, Inc	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Ohlemeyer	First Name Brigid	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0990	Amount of Contribution \$100.00
Residential Street Address 2 Martin Dl	City Greenwich	State CT	Zip Code 06830	Date Received 03/04/2010		
Principal Occupation Homemaker	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Cummins	First Name Kathy	MI 	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0973	Amount of Contribution \$100.00
Residential Street Address 39 Nutmeg Dr	City Greenwich	State CT	Zip Code 06831	Date Received 03/04/2010		
Principal Occupation Homemaker	Name of Employer 	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Burke	First Name Nancy	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0963	Amount of Contribution \$100.00
Residential Street Address 22 Windrose Way	City Greenwich	State CT	Zip Code 06830	Date Received 03/04/2010		
Principal Occupation Political Consultant	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Benevenuto	First Name Emil	MI V	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0958	Amount of Contribution \$100.00
Residential Street Address 255 Palmer Hill Rd	City Old Greenwich	State CT	Zip Code 06870	Date Received 03/04/2010		
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name O'Hora	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0991	Amount of Contribution \$100.00
Residential Street Address 382 White Oak Shade Rd	City New Canaan	State CT	Zip Code 06840	Date Received 03/04/2010		
Principal Occupation SVP Alternative Investments	Name of Employer Tullett Prebon	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Bongiorno	First Name Frank	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0961	Amount of Contribution \$100.00
Residential Street Address 79 Hardesty Rd	City Stamford	State CT	Zip Code 06903	Date Received 03/04/2010		
Principal Occupation Director of operations	Name of Employer Bongiorno Industries	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Bienstock	First Name Anthony	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0959	Amount of Contribution \$50.00
Residential Street Address 18 Indian Chase Dr	City Greenwich	State CT	Zip Code 06830	Date Received 03/04/2010		
Principal Occupation Finance	Name of Employer Offit Capital	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Cremin		First Name Linda		MI C	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0971	Amount of Contribution
Residential Street Address 37 Ethan Allen Ln			City Stamford		State CT	Zip Code 06906		Date Received 03/04/2010
Principal Occupation Retired			Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Cremin		First Name Robert		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0972	Amount of Contribution
Residential Street Address 37 Ethan Allen Ln			City Stamford		State CT	Zip Code 06903	Date Received 03/04/2010	
Principal Occupation Retired			Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

Last Name Danielsen		First Name Anne		MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0974	Amount of Contribution
Residential Street Address 4 Maher Ct		City Greenwich			State CT	Zip Code 06830	Date Received 03/04/2010	
Principal Occupation Retail Director		Name of Employer Vineyard Vines			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$50.00	\$50.00

Last Name DeFlorio		First Name Katie		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0975	Amount of Contribution
Residential Street Address 33 Oaklawn Ave		City Stamford		State CT	Zip Code 06905		Date Received 03/04/2010	
Principal Occupation Art Director		Name of Employer William August			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Tesei	First Name Peter	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1002	Amount of Contribution \$100.00
Residential Street Address 78 River Rd Apt 13	City Cos Cob	State CT	Zip Code 06807-2538	Date Received 03/04/2010		
Principal Occupation First Selectman	Name of Employer Town of Greenwich		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Trevisani	First Name Dino	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1003	Amount of Contribution \$100.00
Residential Street Address 79 Tackora Trl	City Ridgefield	State CT	Zip Code 06877	Date Received 03/04/2010		
Principal Occupation MD	Name of Employer IBM		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Tucci	First Name Nicoletta	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1004	Amount of Contribution \$20.00
Residential Street Address 100 Den Rd	City Stamford	State CT	Zip Code 06902	Date Received 03/04/2010		
Principal Occupation Jewelry Designer	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$20.00		
Last Name von Keyserling	First Name Christopher	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1005	Amount of Contribution \$25.00
Residential Street Address PO Box 35	City Cos Cob	State CT	Zip Code 06807	Date Received 03/04/2010		
Principal Occupation Investor	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$25.00		

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Philippopoulos		First Name Evan		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1010	Amount of Contribution
Residential Street Address 1355 Long Ridge Rd		City Stamford		State CT	Zip Code 06902		Date Received 03/06/2010	
Principal Occupation Owner		Name of Employer Summer Street Deli			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Philippopoulos		First Name Yanna		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1011	Amount of Contribution
Residential Street Address 1355 Long Ridge Rd			City Stamford		State CT	Zip Code 06902	Date Received 03/06/2010	
Principal Occupation Housewife			Name of Employer housewife			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

Last Name Bartlett		First Name James		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1012	Amount of Contribution
Residential Street Address 22431-B160 Antonio Parkway, Suite 503			City Rancho Santa Margarita		State CA	Zip Code 92688	Date Received 03/08/2010	
Principal Occupation Sales			Name of Employer Copia Technologies, Inc.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name D'Agostino		First Name Diana		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1013	Amount of Contribution \$100.00
Residential Street Address PO Box 756		City Bethel		State CT	Zip Code 06801		Date Received 03/08/2010	
Principal Occupation Business Administration		Name of Employer Genworth Financial			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
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B. Itemized Contributions from Individuals

Last Name Mayer	First Name George	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1014	Amount of Contribution \$100.00
Residential Street Address 14 Booten Cir	City Stamford	State CT	Zip Code 06907	Date Received 03/08/2010		
Principal Occupation Police Officer	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Munger	First Name Christine	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1015	Amount of Contribution \$100.00
Residential Street Address 320 Second Ave	City Stratford	State CT	Zip Code 06615	Date Received 03/08/2010		
Principal Occupation Homemaker	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Pisacane	First Name Frank Sr & Marie	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1016	Amount of Contribution \$50.00
Residential Street Address 16 N Meadowridge Dr	City Shelton	State CT	Zip Code 06484	Date Received 03/08/2010		
Principal Occupation Information Technology Analyst	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Pisacane	First Name Frank Sr & Marie	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1017	Amount of Contribution \$50.00
Residential Street Address 16 N Meadowridge Dr	City Shelton	State CT	Zip Code 06484	Date Received 03/08/2010		
Principal Occupation Information Technology Analyst	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Winthrop	First Name Hope	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1018	Amount of Contribution \$100.00
Residential Street Address 1115 Fifth Ave Apt 8-A	City New York	State NY	Zip Code 10128-0100	Date Received 03/08/2010		
Principal Occupation Self	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Devries	First Name Jane	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1019	Amount of Contribution \$100.00
Residential Street Address 24 Holly Ct	City Cromwell	State CT	Zip Code 06416	Date Received 03/09/2010		
Principal Occupation RVP	Name of Employer Apple Rehab	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Dinda	First Name Phyllis	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1020	Amount of Contribution \$25.00
Residential Street Address 110 Albrecht Rd	City Torrington	State CT	Zip Code 06790	Date Received 03/09/2010		
Principal Occupation Bookkeeper	Name of Employer Rose Haven	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Gormley	First Name Thomas	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1022	Amount of Contribution \$100.00
Residential Street Address 179 Acme Dr .	City Middlebury	State CT	Zip Code 06762-0392	Date Received 03/09/2010		
Principal Occupation First Selectman	Name of Employer Town of Middlebury	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
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B. Itemized Contributions from Individuals

Last Name Gyuricsko	First Name Mary Jo	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1023	Amount of Contribution
Residential Street Address 87 Heights Dr	City Torrington	State CT	Zip Code 06970	Date Received 03/09/2010		
Principal Occupation Administrator	Name of Employer Apple Rehab	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Hamley	First Name Gregory	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1024	Amount of Contribution
Residential Street Address 15 Northwoods Rd	City North Granby	State CT	Zip Code 06060	Date Received 03/09/2010		
Principal Occupation Nursing Home Admin	Name of Employer Wolcott Hall Nursing Center	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Hewitt	First Name Francis	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1025	Amount of Contribution
Residential Street Address 1 First St	City Rockville	State CT	Zip Code 06066	Date Received 03/09/2010		
Principal Occupation Car Dealer	Name of Employer Clean County Cars	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$10.00		
\$10.00						
Last Name Pellerin	First Name Amy	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1026	Amount of Contribution
Residential Street Address 605 N Main St	City Winchester	State CT	Zip Code 06042	Date Received 03/09/2010		
Principal Occupation Administrator	Name of Employer Apple Rehab	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
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B. Itemized Contributions from Individuals

Last Name Falanga	First Name Barbara	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1030	Amount of Contribution \$100.00
Residential Street Address 129 Betty Rd	City East Meadow	State NY	Zip Code 11554	Date Received 03/11/2010		
Principal Occupation Psychotherapist	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Holton Arnau	First Name Katie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1031	Amount of Contribution \$50.00
Residential Street Address 95 Elaine Dr	City Stamford	State CT	Zip Code 06902	Date Received 03/11/2010		
Principal Occupation Director	Name of Employer Thomson Quarters	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Littlejohn	First Name Angus	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1032	Amount of Contribution \$100.00
Residential Street Address 648 Smith Ridge Rd	City New Canaan	State CT	Zip Code 06840	Date Received 03/11/2010		
Principal Occupation Private Equity	Name of Employer Littlejohn and Co	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Littlejohn	First Name Leslie	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1033	Amount of Contribution \$100.00
Residential Street Address 648 Smith Ridge Rd	City New Canaan	State CT	Zip Code 06840	Date Received 03/11/2010		
Principal Occupation	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Patterson	First Name Elena	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1035	Amount of Contribution \$100.00
Residential Street Address 1 E End Ave # 4C	City New York	State NY	Zip Code 10075	Date Received 03/11/2010		
Principal Occupation Retired	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Patterson	First Name Michael	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1036	Amount of Contribution \$100.00
Residential Street Address 1 E End Ave # 4C	City New York	State NY	Zip Code 10075	Date Received 03/11/2010		
Principal Occupation Retired	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Shelton	First Name Charles	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1037	Amount of Contribution \$100.00
Residential Street Address 29 Blackstone Ave	City Branford	State CT	Zip Code 06405	Date Received 03/11/2010		
Principal Occupation Nursing Home Administrator	Name of Employer Branford Hills Health Care		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Storino	First Name Frank	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1038	Amount of Contribution \$100.00
Residential Street Address 652 Glenbrook Rd # 13	City Stamford	State CT	Zip Code 06906	Date Received 03/11/2010		
Principal Occupation Auto repair	Name of Employer Finesse Auto Body		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Bocuzzi	First Name Lynne	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1039	Amount of Contribution \$100.00
Residential Street Address 14 Skyview Ln	City New Canaan	State CT	Zip Code 06840	Date Received 03/11/2010		
Principal Occupation Sales	Name of Employer Queste Media	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Boccuzzi	First Name Ralph	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1040	Amount of Contribution \$100.00
Residential Street Address 14 Skyview Ln	City New Canaan	State CT	Zip Code 06840	Date Received 03/11/2010		
Principal Occupation Sales	Name of Employer Metro Business Systems	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Casinelli	First Name Nicola	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1041	Amount of Contribution \$100.00
Residential Street Address 257 Bouton St W	City Stamford	State CT	Zip Code 06907	Date Received 03/11/2010		
Principal Occupation Retired	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Grant	First Name Donald	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1042	Amount of Contribution \$100.00
Residential Street Address 68 Yongs Rd	City New Vernon	State NJ	Zip Code 07976	Date Received 03/11/2010		
Principal Occupation Retired	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Coburn	First Name Jenna	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1046	Amount of Contribution
Residential Street Address 6780 Calle Starnetta	City San Luis Obispo	State CA	Zip Code 93401	Date Received 03/12/2010		
Principal Occupation Student	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Coburn	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1048	Amount of Contribution
Residential Street Address 6780 Calle Starnetta	City San Luis Obispo	State CA	Zip Code 93401	Date Received 03/12/2010		
Principal Occupation VP Sales	Name of Employer The Pinnacle Group		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Coburn	First Name Lacie	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1047	Amount of Contribution
Residential Street Address 6780 Calle Starnetta	City San Luis Obispo	State CA	Zip Code 93401	Date Received 03/12/2010		
Principal Occupation Student	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Curran	First Name Heidi	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1049	Amount of Contribution
Residential Street Address 75 Tyler Lake Hts	City Goshen	State CT	Zip Code 06756	Date Received 03/12/2010		
Principal Occupation Rec Dir	Name of Employer Rose Haven		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$10.00		
\$10.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
FedeLe 2010	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Heide		First Name Tom		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1050	Amount of Contribution
Residential Street Address 115 Carriage Dr			City Stamford		State CT	Zip Code 06902		Date Received 03/12/2010
Principal Occupation Executive			Name of Employer Heide & Company, LLC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Hoffman	First Name Judy	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1051	Amount of Contribution
Residential Street Address 19 Mid River Run	City Stamford	State CT	Zip Code 06905	Date Received 03/12/2010		
Principal Occupation Homemaker	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Aggregate Contributions \$100.00	\$100.00

Last Name O'Connor		First Name Chris		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1052	Amount of Contribution
Residential Street Address 55 Valley Rd		City New Canaan		State CT	Zip Code 06840	Date Received 03/12/2010		
Principal Occupation Banker		Name of Employer JP Morgan		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00	

Last Name Koppelman		First Name Richard		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1054	Amount of Contribution \$100.00
Residential Street Address 342 W Putnam Ave		City Greenwich		State CT	Zip Code 06830	Date Received 03/12/2010		
Principal Occupation President		Name of Employer Miller Motor Cars			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
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B. Itemized Contributions from Individuals

Last Name Romano		First Name Kevin		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1061		Amount of Contribution	
Residential Street Address 290 Southfield Ave			City Stamford		State CT	Zip Code 06902		Date Received 03/13/2010				
Principal Occupation Manager			Name of Employer Darien Ice Rink			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with:					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00		\$100.00		
<input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative												

Last Name Campisi		First Name Natalie		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1055	Amount of Contribution
Residential Street Address 54 N Elm St			City Wallingford		State CT	Zip Code 06492		Date Received 03/13/2010
Principal Occupation Accountant			Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00	

Last Name Farrell Jr.	First Name Gerald E.	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1056	Amount of Contribution 	
Residential Street Address 54 N Elm St		City Wallingford		State CT	Zip Code 06492		Date Received 03/13/2010
Principal Occupation Attorney		Name of Employer State of CT		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No				Aggregate Contributions \$100.00			
				\$100.00			

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I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Masone	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1066	Amount of Contribution \$100.00
Residential Street Address 28 Sunset Hill Rd	City Wilton	State CT	Zip Code 06897-4925	Date Received 03/15/2010		
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Trenske	First Name Constance	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1067	Amount of Contribution \$25.00
Residential Street Address 50 Birdseye St Unit 105A	City Stratford	State CT	Zip Code 06615	Date Received 03/15/2010		
Principal Occupation RN/DNS	Name of Employer Apple Health Care	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Barksdale, Jr.	First Name Edgar	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1068	Amount of Contribution \$100.00
Residential Street Address 27 Tokeneke Trl	City Darien	State CT	Zip Code 06820	Date Received 03/15/2010		
Principal Occupation Investment Advisor	Name of Employer Federal Street Partners	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Barksdale	First Name Joan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1069	Amount of Contribution \$100.00
Residential Street Address 27 Tokeneke Trl	City Darien	State CT	Zip Code 06820	Date Received 03/15/2010		
Principal Occupation Housewife	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Curto	First Name Martine	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1104	Amount of Contribution
Residential Street Address 42 Rockridge Ln	City Stamford	State CT	Zip Code 06903	Date Received 03/21/2010		
Principal Occupation Teacher	Name of Employer Blind Brook Rye UFSD		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Anastos	First Name Evelyn	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1096	Amount of Contribution
Residential Street Address 88 Verplank Ave	City Stamford	State CT	Zip Code 06902	Date Received 03/21/2010		
Principal Occupation VP	Name of Employer Marc Bouwer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Anastos	First Name Steven	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1097	Amount of Contribution
Residential Street Address 88 Verplank Ave	City Stamford	State CT	Zip Code 06902	Date Received 03/21/2010		
Principal Occupation Realtor	Name of Employer William Raveis		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name D'Elia	First Name Rosemary	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1105	Amount of Contribution
Residential Street Address 29 Fairway Dr	City Stamford	State CT	Zip Code 06903	Date Received 03/21/2010		
Principal Occupation Homemaker	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
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B. Itemized Contributions from Individuals

Last Name Tiso	First Name Francine	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1125	Amount of Contribution
Residential Street Address 188 Mountainwood Rd	City Stamford	State CT	Zip Code 06903	Date Received 03/21/2010		
Principal Occupation Homemaker	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Tiso	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1126	Amount of Contribution
Residential Street Address 188 Mountainwood Rd	City Stamford	State CT	Zip Code 06903	Date Received 03/21/2010		
Principal Occupation Auto Wholesaler	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Hackman	First Name Neil	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1111	Amount of Contribution
Residential Street Address 51 Cypress Dr	City Stamford	State CT	Zip Code 06903	Date Received 03/21/2010		
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$200.00		
Last Name Hackman	First Name Merryl	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1110	Amount of Contribution
Residential Street Address 51 Cypress Dr	City Stamford	State CT	Zip Code 06903	Date Received 03/21/2010		
Principal Occupation Clerical	Name of Employer Oak Financial Group	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
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B. Itemized Contributions from Individuals

Last Name Meyers	First Name Patricia	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1115	Amount of Contribution \$100.00
Residential Street Address 9 Stony Brook Rd	City Darien	State CT	Zip Code 06820	Date Received 03/21/2010		
Principal Occupation Housewife	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Landle	First Name Allison	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1113	Amount of Contribution \$100.00
Residential Street Address 120 Echo Hill Dr	City Stamford	State CT	Zip Code 06903	Date Received 03/21/2010		
Principal Occupation Student	Name of Employer Student	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Lindell	First Name Elizabeth	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1114	Amount of Contribution \$100.00
Residential Street Address 68 Wascussee Ln	City Stamford	State CT	Zip Code 06902	Date Received 03/21/2010		
Principal Occupation Manager	Name of Employer Nielson Company	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Pohle	First Name Christopher	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1119	Amount of Contribution \$100.00
Residential Street Address 78 Beacon Hill Ln	City New Canaan	State CT	Zip Code 06840	Date Received 03/21/2010		
Principal Occupation Investment Advisor	Name of Employer Isthmus Capital Management	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Pohle	First Name Elizabeth	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1120	Amount of Contribution \$100.00
Residential Street Address 78 Beacon Hill Ln	City New Canaan	State CT	Zip Code 06840	Date Received 03/21/2010		
Principal Occupation Homemaker	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name McCarthy	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1134	Amount of Contribution \$100.00
Residential Street Address 38 Nearwater Rd	City Norwalk	State CT	Zip Code 06853	Date Received 03/22/2010		
Principal Occupation Financial Sales	Name of Employer IBM	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Hajjar	First Name George	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1131	Amount of Contribution \$100.00
Residential Street Address 64 Southgate Rd	City Waterbury	State CT	Zip Code 06708	Date Received 03/22/2010		
Principal Occupation Jeweler	Name of Employer Davids Jewelers	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Foley, Jr.	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1130	Amount of Contribution \$25.00
Residential Street Address 17 S B St	City Taftville	State CT	Zip Code 06380	Date Received 03/22/2010		
Principal Occupation Casino/Revenue Accountant	Name of Employer Mohegan Sun Casino	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$25.00		

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Besser	First Name Haley	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1127	Amount of Contribution \$100.00
Residential Street Address 23 Tobys Ln	City New Canaan	State CT	Zip Code 06840	Date Received 03/22/2010		
Principal Occupation Student	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Catenacci	First Name Jeffrey	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1128	Amount of Contribution \$50.00
Residential Street Address 18 E 33rd St Apt 5F	City New York	State NY	Zip Code 10016	Date Received 03/22/2010		
Principal Occupation Attorney	Name of Employer Winston & Strawn LLP	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name dudek	First Name kimberly	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1129	Amount of Contribution \$50.00
Residential Street Address 23 Haig Ave	City Stamford	State CT	Zip Code 06905	Date Received 03/22/2010		
Principal Occupation cleaning service	Name of Employer self employed	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Lo Russo	First Name Jeffrey	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1132	Amount of Contribution \$100.00
Residential Street Address 54 Hunter's Creek Ln	City New Canaan	State CT	Zip Code 06840	Date Received 03/22/2010		
Principal Occupation Owner	Name of Employer Metro Business Systems	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
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B. Itemized Contributions from Individuals

Last Name Lo Russo		First Name Lynne		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1133	Amount of Contribution
Residential Street Address 54 Hunter's Creek Ln			City New Canaan		State CT	Zip Code 06840	Date Received 03/22/2010	
Principal Occupation None			Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Viggiano	First Name Margaret	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1136	Amount of Contribution 	
Residential Street Address 61 Lynde St		City Old Saybrook		State CT	Zip Code 06475-2134		Date Received 03/22/2010
Principal Occupation Registered Nurse		Name of Employer Dominion Connecticut		Is this contribution associated with a fundraising event listed in Section JI? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:			<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Aggregate Contributions \$100.00	\$100.00
			<input type="checkbox"/> Yes <input type="checkbox"/> No				

Last Name Seeba		First Name Meagan		MI		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1135		Amount of Contribution	
Residential Street Address 291 Grieb Rd			City Wallingford			State CT		Zip Code 06492		Date Received 03/22/2010	
Principal Occupation Executive Assistant			Name of Employer D Martino			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$10.00	

Last Name Gimmelli	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order	<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1166	Amount of Contribution
Residential Street Address 232 Wesley St		City Waterbury		State CT	Zip Code 06708	Date Received 03/23/2010
Principal Occupation Operator		Name of Employer Uconn Health Center		Is this contribution associated with a fundraising event listed in Section JI? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:			<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			<input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00	
						\$100.00

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Harris	First Name William	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1170	Amount of Contribution \$100.00
Residential Street Address 208 Juniper Ridge Rd	City Waterbury	State CT	Zip Code 06708	Date Received 03/23/2010		
Principal Occupation Executive	Name of Employer American Copy Service		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Anthony, MD	First Name Joseph	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1137	Amount of Contribution \$100.00
Residential Street Address 286 Nob Hill Rd	City Cheshire	State CT	Zip Code 06410	Date Received 03/23/2010		
Principal Occupation Physician	Name of Employer St. Mary's Hospital		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Sampson	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1195	Amount of Contribution \$50.00
Residential Street Address 276 Bound Line Rd	City Wolcott	State CT	Zip Code 06716	Date Received 03/23/2010		
Principal Occupation Realtor	Name of Employer Vision RE		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name CURTO	First Name ROBERT	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1153	Amount of Contribution \$100.00
Residential Street Address 42 Rockridge Ln	City Stamford	State CT	Zip Code 06903	Date Received 03/23/2010		
Principal Occupation SALES	Name of Employer SUMMITT MEDICAL		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Baker	First Name Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1139	Amount of Contribution \$100.00
Residential Street Address 118 Grey Rock Rd	City Southbury	State CT	Zip Code 06488-4632	Date Received 03/23/2010		
Principal Occupation CEO	Name of Employer Crystal Rock	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Berkoff	First Name Martine	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1140	Amount of Contribution \$100.00
Residential Street Address 4900 N Ocean Blvd	City Lauderdale by the Sea	State FL	Zip Code 33308	Date Received 03/23/2010		
Principal Occupation Chairman	Name of Employer Bevmax	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Berkoff	First Name Susan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1141	Amount of Contribution \$100.00
Residential Street Address 4900 N Ocean Blvd	City Lauderdale by the Sea	State FL	Zip Code 33308	Date Received 03/23/2010		
Principal Occupation Accounting	Name of Employer Bevmax	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Bhai	First Name Bhana	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1144	Amount of Contribution \$100.00
Residential Street Address 18 Cold Spring Rd	City Stamford	State CT	Zip Code 06905-4201	Date Received 03/23/2010		
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
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B. Itemized Contributions from Individuals

Last Name Farber	First Name Arnold	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1161	Amount of Contribution \$100.00
Residential Street Address 85 Camp Ave Unit 11J	City Stamford	State CT	Zip Code 06907	Date Received 03/23/2010		
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Gambino	First Name Judith	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1164	Amount of Contribution \$100.00
Residential Street Address 174 Turner Rd	City Stamford	State CT	Zip Code 06905	Date Received 03/23/2010		
Principal Occupation Banker	Name of Employer Webster Bank	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Gavallas	First Name John	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1165	Amount of Contribution \$100.00
Residential Street Address 23 Capewell Ave	City Oakville	State CT	Zip Code 06779	Date Received 03/23/2010		
Principal Occupation Police Chief	Name of Employer Town of Wt	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name GOLDBERG	First Name GAIL	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1167	Amount of Contribution \$50.00
Residential Street Address 320 Strawberry Hill Ave	City Stamford	State CT	Zip Code 06902	Date Received 03/23/2010		
Principal Occupation SALES MANAGER	Name of Employer AMERICAN EXPRESS	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
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B. Itemized Contributions from Individuals

Last Name Jones		First Name Curtis		MI C	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1173		Amount of Contribution	
Residential Street Address 17 Riverbend Dr			City Woodbury			State CT	Zip Code 06798		Date Received 03/23/2010			
Principal Occupation Engineer			Name of Employer Civil 1				Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00		\$100.00		

Last Name JORGENSE		First Name JANET		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1174	Amount of Contribution
Residential Street Address 303 Old Norwalk Rd		City New Canaan		State CT	Zip Code 06840	Date Received 03/23/2010		
Principal Occupation REALTOR		Name of Employer WILLIAM PITT			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Jurasek		First Name Dave		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1175	Amount of Contribution
Residential Street Address 520 Park Rd		City Watertown		State CT	Zip Code 06795	Date Received 03/23/2010		
Principal Occupation		Name of Employer Crystal Rock		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Kane		First Name Cheryl		MI A	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1176	Amount of Contribution \$100.00
Residential Street Address 159 Midwood Ave		City Waterbury		State CT	Zip Code 06701		Date Received 03/23/2010	
Principal Occupation Principal		Name of Employer State Of Connecticut			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Lepore	First Name David	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1177	Amount of Contribution \$100.00
Residential Street Address 77 Eastfield Rd	City Waterbury	State CT	Zip Code 06706	Date Received 03/23/2010		
Principal Occupation Self	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name McDonald	First Name Bruce	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1178	Amount of Contribution \$100.00
Residential Street Address 1209 Roxbury Meadow Rd	City Warren	State VT	Zip Code 05674	Date Received 03/23/2010		
Principal Occupation	Name of Employer Crystal Rock	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Mengacci	First Name Joseph	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1179	Amount of Contribution \$100.00
Residential Street Address 111 Dwyer Rd	City Middlebury	State CT	Zip Code 06762	Date Received 03/23/2010		
Principal Occupation Mediator	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Piscopo	First Name John	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1180	Amount of Contribution \$100.00
Residential Street Address 50 Judson St	City Thomaston	State CT	Zip Code 06787-1527	Date Received 03/23/2010		
Principal Occupation Representative	Name of Employer State Of Connecticut	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Shwiodock		First Name Brad		MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1185	Amount of Contribution
Residential Street Address 63 Little John Ln		City Stamford		State CT	Zip Code 06907		Date Received 03/23/2010	
Principal Occupation Dentist		Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Shwidock		First Name Carol		MI		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1196		Amount of Contribution	
Residential Street Address 63 Little John Ln			City Stamford			State CT		Zip Code 06907		Date Received 03/23/2010	
Principal Occupation Yoga Therapist			Name of Employer Self				Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative						Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00		

Last Name Testa, Jr.						First Name Richard		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1188		Amount of Contribution	
Residential Street Address 63 Pershing Ave				City Stamford			State CT	Zip Code 06905		Date Received 03/23/2010				
Principal Occupation Foreman			Name of Employer Test Const				Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00		\$100.00

Last Name Testa		First Name Richard		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1189	Amount of Contribution \$100.00
Residential Street Address 8788 Mustang Island Cir		City Naples		State FL	Zip Code 34113	Date Received 03/23/2010		
Principal Occupation Owner		Name of Employer Test Const			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Valencia	First Name Paola	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1190	Amount of Contribution \$100.00
Residential Street Address 128 Maple Ave	City Stamford	State CT	Zip Code 06902	Date Received 03/23/2010		
Principal Occupation Bookkeeper	Name of Employer Bevmax	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Wartell	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1193	Amount of Contribution \$100.00
Residential Street Address 202 Soundview Ave Apt 47	City Stamford	State CT	Zip Code 06902	Date Received 03/23/2010		
Principal Occupation IT Professional	Name of Employer Bevmax	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Loret de Mola	First Name Luis	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1194	Amount of Contribution \$100.00
Residential Street Address 34 S Lake Dr	City Stamford	State CT	Zip Code 06903	Date Received 03/23/2010		
Principal Occupation President	Name of Employer Bevmax	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Baker	First Name Bryan	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1138	Amount of Contribution \$50.00
Residential Street Address 275 Peach Orchard Rd	City Waterbury	State CT	Zip Code 06706	Date Received 03/23/2010		
Principal Occupation Program Educator	Name of Employer CT Science Center	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name D'Amelio		First Name Joanne		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1157	Amount of Contribution
Residential Street Address 64 Wellington Ave		City Waterbury		State CT	Zip Code 06708		Date Received 03/23/2010	
Principal Occupation Teacher		Name of Employer Our Lady of Mt. Carmel School			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Stowell		First Name William		MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1187	Amount of Contribution \$50.00
Residential Street Address 1 Elfin Pl		City Middlebury		State CT	Zip Code 06762		Date Received 03/23/2010	
Principal Occupation Retired		Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$50.00		

Last Name Berkoff		First Name William		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1143	Amount of Contribution
Residential Street Address 109 Sawmill Rd			City Stamford		State CT	Zip Code 06903		Date Received 03/23/2010
Principal Occupation Retail			Name of Employer Bevmax			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00	

Last Name Yamin		First Name Joseph		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1192	Amount of Contribution
Residential Street Address 394 Watertown Rd		City Middlebury		State CT	Zip Code 06762-1507		Date Received 03/23/2010	
Principal Occupation Attorney		Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Berkoff	First Name Susan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1142	Amount of Contribution \$100.00
Residential Street Address 92 Jeanne Ct	City Stamford	State CT	Zip Code 06903	Date Received 03/23/2010		
Principal Occupation Makeup Artist	Name of Employer Chanel	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Farber	First Name Cindy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1162	Amount of Contribution \$100.00
Residential Street Address 71 Davenport Ridge Ln	City Stamford	State CT	Zip Code 06903	Date Received 03/23/2010		
Principal Occupation Self	Name of Employer Signs of Success	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Farber	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1163	Amount of Contribution \$100.00
Residential Street Address 71 Davenport Ridge Ln	City Stamford	State CT	Zip Code 06903	Date Received 03/23/2010		
Principal Occupation Self	Name of Employer Signs of Success	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Cafferelli	First Name Mary	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1204	Amount of Contribution \$100.00
Residential Street Address 129 College Pl	City Fairfield	State CT	Zip Code 06824	Date Received 03/24/2010		
Principal Occupation Office Staff	Name of Employer Dr. Sierra	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name O'Reilly		First Name Michael		MI W		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1233		Amount of Contribution	
Residential Street Address PO Box 2132				City Westport				State CT		Zip Code 06880		Date Received 03/24/2010	
Principal Occupation Attorney				Name of Employer Self				Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative								Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No				Aggregate Contributions \$70.00	

Last Name Bar		First Name Russell		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1200	Amount of Contribution \$50.00
Residential Street Address 110 Logan Rd		City New Canaan		State CT	Zip Code 06840	Date Received 03/24/2010		
Principal Occupation student		Name of Employer n/a			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$50.00		

Last Name Cosco		First Name Karen		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1208	Amount of Contribution
Residential Street Address 2 Leuvin St		City Norwalk		State CT	Zip Code 06850		Date Received 03/24/2010	
Principal Occupation Dog Trainer		Name of Employer Self-Employed			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$25.00	\$25.00

Last Name Franklin		First Name Jean		MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1221	Amount of Contribution
Residential Street Address 5 Davis Ln			City Westport		State CT	Zip Code 06880		Date Received 03/24/2010
Principal Occupation Retired			Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$54.00	\$54.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Audet	First Name Paul	MI B	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1199	Amount of Contribution \$100.00
Residential Street Address 902-2 S Colony Rd	City Wallingford	State CT	Zip Code 06492	Date Received 03/24/2010		
Principal Occupation Driver	Name of Employer Chef's Equipment		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Farina	First Name Lorina	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1219	Amount of Contribution \$100.00
Residential Street Address 902-2 S Colony Rd	City Wallingford	State CT	Zip Code 06492	Date Received 03/24/2010		
Principal Occupation Self	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Farina, Sr	First Name Stephen	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1220	Amount of Contribution \$100.00
Residential Street Address 902-2 S Colony Rd	City Wallingford	State CT	Zip Code 06492	Date Received 03/24/2010		
Principal Occupation Security Officer	Name of Employer Andrews International		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Brady	First Name Janice	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1202	Amount of Contribution \$100.00
Residential Street Address 727 Pendleton Hill Rd	City North Stonington	State CT	Zip Code 06354	Date Received 03/24/2010		
Principal Occupation Housewife	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Cotton		First Name Jon		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1209	Amount of Contribution
Residential Street Address 541 Albany Tpke			City Canton		State CT	Zip Code 06059		Date Received 03/24/2010
Principal Occupation Prop Mgr			Name of Employer Reliable Management			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Dadario		First Name Alejandro		MI		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1210		Amount of Contribution	
Residential Street Address 1296 State St			City New Haven			State CT		Zip Code 06511		Date Received 03/24/2010	
Principal Occupation Salesman			Name of Employer DiMorfio			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No				Aggregate Contributions \$5.00		

Last Name DelFranco		First Name Robert		MI B	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1212	Amount of Contribution
Residential Street Address 9 Bradley Corners Rd		City Madison			State CT	Zip Code 06443	Date Received 03/24/2010	
Principal Occupation Equipment Director		Name of Employer East Haven Landscape Products			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$10.00		\$10.00

Last Name DeMartino		First Name Barbara		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1213	Amount of Contribution \$50.00
Residential Street Address 70 Tri Mountain Rd		City Durham		State CT	Zip Code 06422		Date Received 03/24/2010	
Principal Occupation Sales		Name of Employer Chef's Equipment			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Demartino		First Name William		MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1214	Amount of Contribution
Residential Street Address 28 Four Rd Road			City Kensington		State CT	Zip Code 06037		Date Received 03/24/2010
Principal Occupation Self			Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$5.00	\$5.00

Last Name Duszynska		First Name Agnieska		MI		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1215		Amount of Contribution	
Residential Street Address 42 B Kondracki Ln			City Wallingford			State CT		Zip Code 06492		Date Received 03/24/2010	
Principal Occupation Bookkeeper			Name of Employer Q River Land and Lawn Care			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative						Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00		
									\$100.00		

Last Name Royea								First Name Justin		MI		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card				Contribution ID # 1244		Amount of Contribution	
Residential Street Address 42 B Kondracki Ln						City Wallingford				State CT		Zip Code 06492		Date Received 03/24/2010					
Principal Occupation Owner						Name of Employer Q River Land and Lawn Care				Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #									
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative										Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No				Aggregate Contributions \$100.00				\$100.00	

Last Name Effren		First Name Jackie		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1216	Amount of Contribution \$25.00
Residential Street Address 182 Rowayton Woods Dr		City Norwalk		State CT	Zip Code 06854	Date Received 03/24/2010		
Principal Occupation Program Coordinator, Norwalk Mentor Program		Name of Employer Human Services Council			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$25.00	

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name LaSala	First Name Diane	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1224	Amount of Contribution \$100.00
Residential Street Address 41 Ruscoe Rd	City Wilton	State CT	Zip Code 06897-1425	Date Received 03/24/2010		
Principal Occupation Director of Development	Name of Employer Summerview Delevopment Group LLC		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Lewis	First Name Kenneth	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1226	Amount of Contribution \$100.00
Residential Street Address 727 Pendelton Rd	City North Stonington	State CT	Zip Code 06359	Date Received 03/24/2010		
Principal Occupation Nursing Home Administrator	Name of Employer Apple Health Care		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Minicuccu	First Name Stephanie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1227	Amount of Contribution \$10.00
Residential Street Address 2 N Main St	City Wallingford	State CT	Zip Code 06492	Date Received 03/24/2010		
Principal Occupation Store Manager	Name of Employer TD Bank		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$10.00		
Last Name Moccia	First Name Barbara	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1228	Amount of Contribution \$100.00
Residential Street Address 81 Westport Ave # A-7	City Norwalk	State CT	Zip Code 06857	Date Received 03/24/2010		
Principal Occupation RN	Name of Employer Norwalk Hospital		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Nason	First Name David	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1230	Amount of Contribution \$5.00
Residential Street Address 28 Lee Ave	City Wallingford	State CT	Zip Code 06492	Date Received 03/24/2010		
Principal Occupation Printer	Name of Employer Canneen Company		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$5.00		
Last Name Nason	First Name Pamela	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1231	Amount of Contribution \$5.00
Residential Street Address 28 Lee Ave	City Wallingford	State CT	Zip Code 06492	Date Received 03/24/2010		
Principal Occupation Sales	Name of Employer Chefs Equipment		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$5.00		
Last Name Obyrne	First Name Timothy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1232	Amount of Contribution \$35.00
Residential Street Address 75 Seiter Hill Rd	City Wallingford	State CT	Zip Code 06492	Date Received 03/24/2010		
Principal Occupation Landscaper	Name of Employer A. River		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$35.00		
Last Name Oros-Curi	First Name Melquiades	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1234	Amount of Contribution \$5.00
Residential Street Address 205 Washington St	City Wallingford	State CT	Zip Code 06492	Date Received 03/24/2010		
Principal Occupation Painter	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$5.00		

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Sanchez	First Name Mark	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1245	Amount of Contribution \$5.00
Residential Street Address 401 Summer Hill Dr	City South Windsor	State CT	Zip Code 06074	Date Received 03/24/2010		
Principal Occupation Sales	Name of Employer Chefs Equipment	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$5.00		
Last Name Sapiente	First Name Nadine	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1246	Amount of Contribution \$10.00
Residential Street Address 6 Old Village Cir	City Wallingford	State CT	Zip Code 06495	Date Received 03/24/2010		
Principal Occupation Secretary	Name of Employer CRN Internationl	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$10.00		
Last Name Schroder	First Name Heather	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1247	Amount of Contribution \$25.00
Residential Street Address 16 Ann St Unit 24	City South Norwalk	State CT	Zip Code 06854	Date Received 03/24/2010		
Principal Occupation Attorney	Name of Employer ATMI, Inc.	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Scirpo	First Name Kathleen	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1248	Amount of Contribution \$50.00
Residential Street Address 2155 S Main Street Ext .	City Middletown	State CT	Zip Code 06457	Date Received 03/24/2010		
Principal Occupation Owner	Name of Employer Middlesex Livestock Auction	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
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B. Itemized Contributions from Individuals

Last Name Tobin	First Name John	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1254	Amount of Contribution \$50.00
Residential Street Address 16 Lorena St	City Norwalk	State CT	Zip Code 06855	Date Received 03/24/2010		
Principal Occupation President	Name of Employer Bishop Group	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Vieux	First Name Suzanne	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1255	Amount of Contribution \$100.00
Residential Street Address 315 Bennetts Farm	City Ridgefield	State CT	Zip Code 06877	Date Received 03/24/2010		
Principal Occupation Attorney	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Wilson	First Name Barry	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1256	Amount of Contribution \$100.00
Residential Street Address 245 Nod Rd	City Avon	State CT	Zip Code 06001-3816	Date Received 03/24/2010		
Principal Occupation Manager	Name of Employer Blue Fox Enterprises	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Wirth	First Name Frederick	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1257	Amount of Contribution \$100.00
Residential Street Address 230 New Canaan Ave # 21	City Norwalk	State CT	Zip Code 06850	Date Received 03/24/2010		
Principal Occupation CFO	Name of Employer Charkit Chemical Corp	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Quinn		First Name Kevin		MI J	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1258	Amount of Contribution
Residential Street Address 131 Soundview Ct		City Stamford		State CT	Zip Code 06902		Date Received 03/24/2010			
Principal Occupation Broker		Name of Employer ILG Capitol			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Alden		First Name George		MI	Method of contribution: <input checked="checked" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1259	Amount of Contribution
Residential Street Address 64 Stonehouse Rd			City Amston		State CT	Zip Code 06231	Date Received 03/25/2010	
Principal Occupation Retired			Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$20.00	\$20.00

Last Name Bellete						First Name Goitom		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1260		Amount of Contribution		
Residential Street Address 967 Newfield Ave				City Stamford			State CT	Zip Code 06905		Date Received 03/25/2010					
Principal Occupation Retired			Name of Employer Self				Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #				<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:								<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00		\$100.00

Last Name Carstens		First Name Daniel		MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1261	Amount of Contribution
Residential Street Address 11 Aquioneck Trl		City Old Saybrook			State CT	Zip Code 06476-1802	Date Received 03/25/2010	
Principal Occupation Reporter		Name of Employer Airport News			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name KATZ		First Name MARK		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1270	Amount of Contribution
Residential Street Address 196 North St			City Stamford		State CT	Zip Code 06902	Date Received 03/25/2010	
Principal Occupation ATTORNEY			Name of Employer SELF			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name LaTour		First Name Harold		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1271	Amount of Contribution
Residential Street Address 146 Scotland Rd			City Sprague		State CT	Zip Code 06330	Date Received 03/25/2010	
Principal Occupation Retired			Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$25.00	\$25.00

Last Name LaTour		First Name Kathleen		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1272	Amount of Contribution
Residential Street Address 146 Scotland Rd			City Sprague		State CT	Zip Code 06330	Date Received 03/25/2010	
Principal Occupation Retired			Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with:				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$10.00		\$10.00
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative								

Last Name Paوزه		First Name Kenneth		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1273	Amount of Contribution
Residential Street Address 35 Abbott Rd		City Ellington		State CT	Zip Code 06029		Date Received 03/25/2010	
Principal Occupation Assistant General Manager		Name of Employer Kofkopf Egg Farm			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name PETRUCCI		First Name TONI		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1274		Amount of Contribution	
Residential Street Address 210 Honeycomb Ln			City Milford		State CT	Zip Code 06461		Date Received 03/25/2010				
Principal Occupation RETAIL MANAGER			Name of Employer NORWALK HOSPITAL			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with:					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00		\$100.00		
<input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative												

Last Name Philippopoulos		First Name John		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1275	Amount of Contribution
Residential Street Address 1355 Long Ridge Rd		City Stamford		State CT	Zip Code 06903		Date Received 03/25/2010	
Principal Occupation Owner		Name of Employer Summer Street Deli			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Philippopoulos		First Name Paula		MI		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1276		Amount of Contribution	
Residential Street Address 1355 Long Ridge Rd			City Stamford			State CT		Zip Code 06903		Date Received 03/25/2010	
Principal Occupation Owner			Name of Employer Summer Street Deli			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00	
\$100.00											

Last Name Reed		First Name Robert		MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1277	Amount of Contribution \$100.00
Residential Street Address 36 Otis St		City Norwich		State CT	Zip Code 06360	Date Received 03/25/2010		
Principal Occupation Manager		Name of Employer VichInc			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Seder		First Name Edward		MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1280	Amount of Contribution
Residential Street Address 69 Sherwood Ln			City Norwich		State CT	Zip Code 06360-5251		Date Received 03/25/2010
Principal Occupation Retired			Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Slovak		First Name Dianne		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1282	Amount of Contribution \$25.00
Residential Street Address 8 N 2nd Ave		City Taftville		State CT	Zip Code 06380-1408		Date Received 03/25/2010	
Principal Occupation Clerk		Name of Employer CGA			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$25.00	

Last Name Weingart Jr.		First Name Herman		MI R	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1287		Amount of Contribution	
Residential Street Address 446 Lebanon Rd			City North Franklin		State CT	Zip Code 06254-1613		Date Received 03/25/2010				
Principal Occupation Retired			Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$25.00			\$25.00	

Last Name Siragusa		First Name Anthony		MI	Method of contribution: <input checked="checked" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1281	Amount of Contribution \$20.00
Residential Street Address 39 Hillcrest Dr		City Uncasville		State CT	Zip Code 06382	Date Received 03/25/2010		
Principal Occupation Retired		Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$20.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
FedeLe 2010	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Guerrieri, Jr.		First Name Robert		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1290	Amount of Contribution
Residential Street Address 17 Saint Claire Ave			City Old Greenwich		State CT	Zip Code 06870	Date Received 03/27/2010	
Principal Occupation Owner			Name of Employer Upper Crust Bagel			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00	

Last Name Pomponi		First Name Bonnie & Jeff		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1291	Amount of Contribution \$50.00
Residential Street Address 10 Senga Rd		City Norwalk		State CT	Zip Code 06854		Date Received 03/28/2010	
Principal Occupation Unemployed		Name of Employer Unemployed			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$50.00	

Last Name Costello		First Name Timothy		MI M	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1293		Amount of Contribution	
Residential Street Address 90 Fawnfield Rd			City Stamford			State CT	Zip Code 06903-3726		Date Received 03/29/2010			
Principal Occupation Attorney			Name of Employer Self				Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00		\$100.00		

Last Name FERRAJINA		First Name ROCCO		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1295	Amount of Contribution
Residential Street Address 31 Elaine Dr		City Stamford		State CT	Zip Code 06902		Date Received 03/29/2010	
Principal Occupation BROKER		Name of Employer FIS			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Gallo		First Name Paul		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1296	Amount of Contribution
Residential Street Address 30 Woodstock St			City Yonkers		State NY	Zip Code 10701	Date Received 03/29/2010	
Principal Occupation consultant			Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00	

Last Name Golden		First Name John		MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1297	Amount of Contribution
Residential Street Address 39 Olivers Cove Ln			City Watermill		State NY	Zip Code 11976		Date Received 03/29/2010
Principal Occupation Finance			Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Kempner		First Name Betsy		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1299	Amount of Contribution
Residential Street Address 60 Ridge Brook Dr		City Stamford		State CT	Zip Code 06903	Date Received 03/29/2010		
Principal Occupation Retired		Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00	

Last Name Latorraca		First Name Adam		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1300	Amount of Contribution \$100.00
Residential Street Address 31 Erickson Dr		City Stamford		State CT	Zip Code 06903	Date Received 03/29/2010		
Principal Occupation Student		Name of Employer Student			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
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B. Itemized Contributions from Individuals

Last Name Latorraca	First Name JoAnn	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1301	Amount of Contribution \$100.00
Residential Street Address 31 Erickson Dr	City Stamford	State CT	Zip Code 06903	Date Received 03/29/2010		
Principal Occupation Bqt Mgr	Name of Employer Giovanni's II	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Latorraca	First Name Salvatore	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1302	Amount of Contribution \$100.00
Residential Street Address 31 Erickson Dr	City Stamford	State CT	Zip Code 06903	Date Received 03/29/2010		
Principal Occupation Gen Mgr	Name of Employer Giovanni's II	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Maranelli	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1303	Amount of Contribution \$100.00
Residential Street Address 159 Hubbard Ave	City Stamford	State CT	Zip Code 06905	Date Received 03/29/2010		
Principal Occupation Manager	Name of Employer United Refrigerator	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Mastoloni, Jr.	First Name Raymond	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1304	Amount of Contribution \$100.00
Residential Street Address 246 Dundee Rd	City Stamford	State CT	Zip Code 06903	Date Received 03/29/2010		
Principal Occupation VP Sales	Name of Employer Mastoloni Pearls	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Mattey Mastoloni	First Name Kirsten	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1306	Amount of Contribution \$100.00
Residential Street Address 246 Dundee Rd	City Stamford	State CT	Zip Code 06903	Date Received 03/29/2010		
Principal Occupation Homemaker	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Mathews	First Name Edward	MI T	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1305	Amount of Contribution \$100.00
Residential Street Address PO Box 4483 955A Heritage Village	City Stamford	State CT	Zip Code 06907-0483	Date Received 03/29/2010		
Principal Occupation Retired	Name of Employer Not Applicable		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name O'Toole	First Name Paula	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1307	Amount of Contribution \$100.00
Residential Street Address 85 Western Dr	City Short Hills	State NJ	Zip Code 07078	Date Received 03/29/2010		
Principal Occupation Homemaker	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name O'Toole	First Name Terrence	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1308	Amount of Contribution \$100.00
Residential Street Address 85 Western Dr	City Short Hills	State NJ	Zip Code 07078	Date Received 03/29/2010		
Principal Occupation Investor	Name of Employer Tinicum Inc		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Coutu		First Name Chris		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1294		Amount of Contribution	
Residential Street Address 16 Yantic St .			City Norwich		State CT	Zip Code 06360		Date Received 03/29/2010				
Principal Occupation State Rep			Name of Employer State of Connecticut			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with:					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00		\$100.00		
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative												

Last Name Curtiss		First Name Stephen		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1320	Amount of Contribution
Residential Street Address 790 N River Rd			City Coventry		State CT	Zip Code 06238	Date Received 03/30/2010	
Principal Occupation Account Manager			Name of Employer Lifecycle Management, LLC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

Last Name Laurie		First Name Mary		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1322	Amount of Contribution
Residential Street Address 62 Home Ct		City Stamford		State CT	Zip Code 06902		Date Received 03/30/2010	
Principal Occupation Information Systems		Name of Employer FitLinxx			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		\$25.00

Last Name Pappa		First Name Mark		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1323	Amount of Contribution \$50.00
Residential Street Address 105 Back Ln		City Newington		State CT	Zip Code 06111	Date Received 03/30/2010		
Principal Occupation Financial Rep / Tax Preparer		Name of Employer Newington Financial, LLC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
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B. Itemized Contributions from Individuals

Last Name Bartlett	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1319	Amount of Contribution \$100.00	
Residential Street Address 22431-B160 Antonio Parkway, Suite 503		City Rancho Santa Margarita		State CA	Zip Code 92688		Date Received 03/30/2010
Principal Occupation Sales		Name of Employer Copia Technologies, Inc.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$200.00			
Last Name Febbraio	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1321	Amount of Contribution \$100.00	
Residential Street Address 8 Sunny Ln		City Sherman		State CT	Zip Code 06784		Date Received 03/30/2010
Principal Occupation State Trooper		Name of Employer Retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00			
Last Name Potolicchio	First Name Frank & Pamela	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1324	Amount of Contribution \$100.00	
Residential Street Address 110 Snow Crystal Ln		City Stamford		State CT	Zip Code 06905		Date Received 03/30/2010
Principal Occupation Physician Recruiter		Name of Employer CompHealth		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00			
Last Name romano	First Name doug	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1325	Amount of Contribution \$100.00	
Residential Street Address 92 Newfield Dr		City Stamford		State CT	Zip Code 06905		Date Received 03/30/2010
Principal Occupation Regional Sales Manager		Name of Employer AIG SunAmerica		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00			

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Boisi		First Name Norine		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1330	Amount of Contribution
Residential Street Address 86 Piping Rock Rd			City Locust Valley		State NY	Zip Code 11560	Date Received 03/31/2010	
Principal Occupation Homemaker			Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Cammisa	First Name Nancy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1331	Amount of Contribution
Residential Street Address 21 Aunt Hack Rd	City Danbury	State CT	Zip Code 06811	Date Received 03/31/2010	
Principal Occupation CPA	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

[illegible]

Last Name Conzo		First Name Denise		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1334	Amount of Contribution \$100.00
Residential Street Address 1 Donna Dr		City Norwalk		State CT	Zip Code 06854		Date Received 03/31/2010	
Principal Occupation Loan Document Specialist		Name of Employer First County Bank			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
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B. Itemized Contributions from Individuals

Last Name Faughnan	First Name Melissa	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1339	Amount of Contribution \$50.00
Residential Street Address 65 Perry Mill Dr	City West Haven	State CT	Zip Code 06516	Date Received 03/31/2010		
Principal Occupation Recruiter	Name of Employer ADP	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Felago	First Name Brigette	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1340	Amount of Contribution \$25.00
Residential Street Address 2217 Ivan St # 1417	City Dallas	State TX	Zip Code 75201	Date Received 03/31/2010		
Principal Occupation Division Director	Name of Employer Robert Half International	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Gabriele	First Name Giovanni	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1341	Amount of Contribution \$100.00
Residential Street Address 24 Lawrence Hill Rd	City Stamford	State CT	Zip Code 06903	Date Received 03/31/2010		
Principal Occupation Self Employed	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name HEISLER	First Name FRANK	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1342	Amount of Contribution \$100.00
Residential Street Address 59 Rising Ridge Rd	City Ridgefield	State CT	Zip Code 06877	Date Received 03/31/2010		
Principal Occupation Client Executive	Name of Employer Dell Perot Systems	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name heisler		First Name lynn		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1343	Amount of Contribution
Residential Street Address 59 Rising Ridge Rd		City Ridgefield		State CT	Zip Code 06877		Date Received 03/31/2010	
Principal Occupation teacher		Name of Employer ridgefield public schools			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Hunt		First Name Carole		MI		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1344		Amount of Contribution	
Residential Street Address 1111 Park Ave			City New York			State NY		Zip Code 10128		Date Received 03/31/2010	
Principal Occupation Homemaker			Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative						Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00		

Last Name Lovello		First Name Frank		MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1348	Amount of Contribution
Residential Street Address 65 Arden Ln			City Stamford		State CT	Zip Code 06905	Date Received 03/31/2010	
Principal Occupation Retired			Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00	

Last Name Lovello		First Name Viola		MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1349	Amount of Contribution \$100.00
Residential Street Address 65 Arden Ln		City Stamford		State CT	Zip Code 06905	Date Received 03/31/2010		
Principal Occupation Retired		Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
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B. Itemized Contributions from Individuals

Last Name Lozada	First Name Erik	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1350	Amount of Contribution \$25.00
Residential Street Address 244 Dexter Dr	City Bridgeport	State CT	Zip Code 06606	Date Received 03/31/2010		
Principal Occupation Unemployed	Name of Employer Unemployed	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Macari	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1351	Amount of Contribution \$100.00
Residential Street Address 222 Thornridge Dr	City Stamford	State CT	Zip Code 06903	Date Received 03/31/2010		
Principal Occupation aNALYST	Name of Employer Legg Mason	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Macia	First Name Antonio	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1352	Amount of Contribution \$100.00
Residential Street Address 1341 High Ridge Rd .	City Stamford	State CT	Zip Code 06903	Date Received 03/31/2010		
Principal Occupation president/owner	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Mastropietro	First Name Kim	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1354	Amount of Contribution \$100.00
Residential Street Address 350 Whispering Hill Rd	City Watertown	State CT	Zip Code 06793	Date Received 03/31/2010		
Principal Occupation Teacher	Name of Employer Watertown Baord of Ed	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Mulhern	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1355	Amount of Contribution \$100.00
Residential Street Address 44 Dean St	City Stamford	State CT	Zip Code 06902	Date Received 03/31/2010		
Principal Occupation Electrician	Name of Employer MJC ELECTRIC	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Ortman	First Name Melissa	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1356	Amount of Contribution \$100.00
Residential Street Address 184 Marshall St	City Winsted	State CT	Zip Code 06098	Date Received 03/31/2010		
Principal Occupation DNS	Name of Employer Wolcott Hall	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name PAPSCOE	First Name RICHARD	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1357	Amount of Contribution \$100.00
Residential Street Address 266 Cutlers Farm Rd	City Monroe	State CT	Zip Code 06468	Date Received 03/31/2010		
Principal Occupation CPA	Name of Employer WEISS, PAPSCOE & CO CPAS LLC	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Policastro	First Name Frank	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1358	Amount of Contribution \$100.00
Residential Street Address 1 Strawberry Hill Ave # 16E	City Stamford	State CT	Zip Code 06902	Date Received 03/31/2010		
Principal Occupation Drycleaner	Name of Employer Crescent Cleaners	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Ross	First Name Frank	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1360	Amount of Contribution
Residential Street Address 4 Avon Ln	City Stamford	State CT	Zip Code 06907	Date Received 03/31/2010		
Principal Occupation Retired	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Ross	First Name Marian	MI G	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1361	Amount of Contribution
Residential Street Address 4 Avon Ln	City Stamford	State CT	Zip Code 06907	Date Received 03/31/2010		
Principal Occupation Retired	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Seiler	First Name Sam	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1363	Amount of Contribution
Residential Street Address 225 E 66th St Apt 5D	City New York	State NY	Zip Code 10065	Date Received 03/31/2010		
Principal Occupation Global Brokerage	Name of Employer CB Richard Ellis		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						
Last Name sherman	First Name kate	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1364	Amount of Contribution
Residential Street Address 60 Crescent St Unit 8	City Stamford	State CT	Zip Code 06906	Date Received 03/31/2010		
Principal Occupation Legal Assistant	Name of Employer Blair & Potts		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Metzger	First Name Dail	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1375	Amount of Contribution \$25.00	
Residential Street Address 320 Strawberry Hill Ave Apt 36		City Stamford		State CT	Zip Code 06905		Date Received 03/31/2010
Principal Occupation Building Manager		Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$25.00			
Last Name Fascitelli	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1376	Amount of Contribution \$100.00	
Residential Street Address 170 E End Ave # 17AB		City New York		State NY	Zip Code 10128		Date Received 03/31/2010
Principal Occupation CEO		Name of Employer Vornado Realty Trust		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00			
Last Name Mills	First Name Thomas	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1377	Amount of Contribution \$100.00	
Residential Street Address 22 Blackwood Ln		City Stamford		State CT	Zip Code 06903		Date Received 03/31/2010
Principal Occupation Constr		Name of Employer Architechtrual Ind		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00			
Last Name Mills	First Name Katherine	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1378	Amount of Contribution \$100.00	
Residential Street Address 22 Blackwood Ln		City Stamford		State CT	Zip Code 06903		Date Received 03/31/2010
Principal Occupation Real Estate		Name of Employer 3T Enterprises		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00			

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Katz	First Name Sheldon	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1345	Amount of Contribution \$5.00
Residential Street Address 37 Brodwood Dr .	City Stamford	State CT	Zip Code 06902	Date Received 03/31/2010		
Principal Occupation Computer consultant	Name of Employer Ascendum Inc.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$5.00		
Last Name Kaupin	First Name Scott	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1346	Amount of Contribution \$100.00
Residential Street Address 9 Allen St	City Enfield	State CT	Zip Code 06082	Date Received 03/31/2010		
Principal Occupation Logistics Manager	Name of Employer Retail Brand Alliance, Inc.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Russo	First Name Carolyn	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1362	Amount of Contribution \$100.00
Residential Street Address 208 Brooklawn Ave	City Bridgeport	State CT	Zip Code 06604	Date Received 03/31/2010		
Principal Occupation Learning Specialist	Name of Employer E.E. Geduld		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Light	First Name Andrea	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1347	Amount of Contribution \$100.00
Residential Street Address 7 Greenwood Pl	City Norwalk	State CT	Zip Code 06854	Date Received 03/31/2010		
Principal Occupation Sales	Name of Employer Teed & Company		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Oros		First Name Joan		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1379	Amount of Contribution	
Residential Street Address 1169 Flanders Rd		City Coventry		State CT	Zip Code 06238	Date Received 03/31/2010			
Principal Occupation Retired		Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$50.00			
Last Name Cearley		First Name David		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1332	Amount of Contribution	
Residential Street Address 26 Mountain Trl		City Stamford		State CT	Zip Code 06903	Date Received 03/31/2010			
Principal Occupation Analyst		Name of Employer Gartner			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions \$100.00			
<div style="text-align: right;">Total of Section B</div>									\$55,474.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS									\$55,474.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE					FILING DUE DATE	
Fedele 2010					Original 04/12/2010	
C1. Contributions from Other Committees						
Name of Committee				Name of Treasurer		
Address			Is this contribution associated with a fundraising event listed in Section J1?		Yes If yes, list Event # No	Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions		
Total of Section C1						

I. MONETARY RECEIPTS (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Fedele 2010				Original 04/12/2010
C2. Reimbursements or Payments from other Committees				
Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services	
Total of Section C2				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

D. Loans Received this Period

Name of Lender				Source of Loan: Bank Candidate Individual Other Committee	Is there a cosigner or Guarantor of this loan? Yes No	Amount Received
Street Address	City	State	Zip Code			
Name of Cosigner/Guarantor						
Street Address	City	State	Zip Code	Date Received		

Total of Section D

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		FILING DUE DATE
Fedele 2010		Original 04/12/2010
E. Personal Funds of the Candidate Received this Period		
Date Received	Amount	Method of Payment Cash Personal Check Credit/Debit Card
		Total of Section E

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE					FILING DUE DATE
Fedele 2010					Original 04/12/2010
F. Anonymous Contributions					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
Total of Section F					

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

G. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received	Total Amount Received
Street Address	City	
	State	Zip Code

Total of Section G	
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I. MONETARY RECEIPTS (Section A-K)			
NAME OF COMMITTEE			FILING DUE DATE
Fedele 2010			Original 04/12/2010
H. Public Grant Funds Received from the Citizen's Election Fund			
Purpose of Grant:	Supplemental/Independent Expenditure	Date Received	Amount
Initial			
Primary General or Special Election	Primary General or Special Election		
Supplemental/Post Election Deficit	Supplemental/Excess Expenditure		
General or Special Election	Primary General or Special Election		
Total of Section H			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

I. Miscellaneous Monetary Receipts not Considered Contributions

Name Home savers LLC		Date of Transaction 03/24/2010		Amount Received \$10.00
Street Address 99 East St	City Wallingford	State CT	Zip Code 06492	
Description Contribution received in error				
Total of Section I				\$10.00

II. FUNDRAISING EVENT ACTIVITY

NAME OF	FILING DUE DATE
COMMITTEE Fedele 2010	Original 04/12/2010

J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
Letter 12/15/2009 A	Meet and Greet Event	1620 Newfield Ave	Stamford	CT	06905

Was this fundraising event hosted at a personal residence? ☐ Yes ☒ No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? ☐ Yes ☒ No

Was this fundraiser a tag sale, auction, or other sale of donated items? ☐ Yes ☒ No

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
Letter 02/08/2010 B	Meet and Greet Event	451 Stillwater Ave	Stamford	CT	06902

Was this fundraising event hosted at a personal residence? ☐ Yes ☒ No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? ☐ Yes ☒ No

Was this fundraiser a tag sale, auction, or other sale of donated items? ☐ Yes ☒ No

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
Letter 03/04/2010 C	Meet and Greet Event	100 Arch St	Greenwich	CT	06840

Was this fundraising event hosted at a personal residence? ☐ Yes ☒ No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? ☐ Yes ☒ No

Was this fundraiser a tag sale, auction, or other sale of donated items? ☐ Yes ☒ No

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
Letter 03/09/2010 D	Meet and Greet Event	5 Lake Rd	Shelton	CT	06484

Was this fundraising event hosted at a personal residence? ☐ Yes ☒ No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? ☐ Yes ☒ No

Was this fundraiser a tag sale, auction, or other sale of donated items? ☐ Yes ☒ No

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
Letter 03/21/2010 E	Meet and Greet Event	93 Blue Rock Dr	Stamford	CT	06903

Was this fundraising event hosted at a personal residence? ☒ Yes ☐ No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? ☐ Yes ☒ No

Was this fundraiser a tag sale, auction, or other sale of donated items? ☐ Yes ☒ No

II. FUNDRAISING EVENT ACTIVITY

NAME OF	FILING DUE DATE
COMMITTEE Fedele 2010	Original 04/12/2010

J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser 03/23/2010	Description Letter F Meet and Greet Event	Location: Street Address 300 Farmwood Rd	City Waterbury	State CT	Zip Code 06704
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Was this fundraising event hosted at a personal residence? ☐ Yes ☒ No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? ☐ Yes ☒ No

Was this fundraiser a tag sale, auction, or other sale of donated items? ☐ Yes ☒ No

Fundraising Event # Date of Fundraiser 03/24/2010	Description Letter G Meet and Greet Event	Location: Street Address 97 Washington St	City South Norwalk	State CT	Zip Code 06854
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Was this fundraising event hosted at a personal residence? ☐ Yes ☒ No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? ☐ Yes ☒ No

Was this fundraiser a tag sale, auction, or other sale of donated items? ☐ Yes ☒ No

Fundraising Event # Date of Fundraiser 03/25/2010	Description Letter H Meet and Greet Event	Location: Street Address 300 Connecticut Ave	City Norwich	State CT	Zip Code 06360
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Was this fundraising event hosted at a personal residence? ☐ Yes ☒ No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? ☐ Yes ☒ No

Was this fundraiser a tag sale, auction, or other sale of donated items? ☐ Yes ☒ No

Fundraising Event # Date of Fundraiser 03/30/2010	Description Letter I Meet and Greet Event	Location: Street Address 501 Long Wharf Dr	City New Haven	State CT	Zip Code 06501
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Was this fundraising event hosted at a personal residence? ☐ Yes ☒ No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? ☐ Yes ☒ No

Was this fundraiser a tag sale, auction, or other sale of donated items? ☐ Yes ☒ No

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Fedeles 2010	Original 04/12/2010

J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

Name of the Purchaser <i>(Individuals ONLY)</i>	Last Name	First Name	MI	Method of payment:			Aggregate Amount of Purchases
				Cash	Personal Check	Credit/Debit Card	
Residential Street Address		City	State	Zip Code	Date Received	Event #	
Items Purchased							
Total of Section J2							

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

K. In-Kind Contributions

Name Fanelli Laura				Date Received 03/30/2010		Fair Market Value of this Contribution
Street Address 282 Silas Deane Hwy		City Wethersfield	State CT	Zip Code 06109		
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with a fundraising event listed in Section II? If yes, list Event# <u>03252010H</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution Food & Hall Rental		Aggregate contributions \$84.96		
Total of Section K						\$84.96

III. Non Monetary Receipts

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

L. Refundable Deposit to Telephone Company

Last Name (Individuals Only)	First Name	MI	Date Received	Amount of Deposit
Street Address	City	State	Zip Code	
Name of Telephone company				
Street Address	City	State	Zip Code	
Total of Section L				

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DUE DATE	
Fedele 2010				Original 04/12/2010	
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee					
Name of Committee			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City		State	Zip Code	Aggregate Donations	
Description of Donation		Purpose of Expenditure A B C D E			
Total of Section M					

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Fedele 2010						Original 04/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Totilo & Company					01/11/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1012		
1200 Summer St	Stamford	CT	06905	OFFICE	<input type="checkbox"/> Debit Card		
Description					Event #		
Copying/PDF files							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Office Sought		
							\$128.40
Name of Payee					Date of Payment	Method of Payment	Amount
Netology					01/11/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1013		
1200 Summer St	Stamford	CT	06905	OVHD	<input type="checkbox"/> Debit Card		
Description					Event #		
Tech Support for remote access							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Office Sought		
							\$397.50
Name of Payee					Date of Payment	Method of Payment	Amount
Gary Bohner					01/11/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	REF		
PO Box 191	Simsbury	CT	06070	REF	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		
NSF check							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Office Sought		
							\$100.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Flagship Mailing				01/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1014</u>	
44 Chase River Rd	Waterbury	CT	06704-1408	A-DM	<input type="checkbox"/> Debit Card	
Description					Event #	
Direct Mailer Expense						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$150.40

Name of Payee					Date of Payment	Method of Payment	Amount
Italian Ctr of Stamford					01/23/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1015</u>		
1620 Newfield Ave	Stamford	CT	06905-1597	FNDR	<input type="checkbox"/> Debit Card		
Description						Event #	
Food/Beverages during Fund Raisers						12152009A	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div>							
							\$1,750.00

Name of Payee				Date of Payment	Method of Payment	Amount
Premier Printing & Mailing Solutions				01/23/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1016</u>	
860 Honeyspot Rd	Stratford	CT	06615	A-DM	<input type="checkbox"/> Debit Card	
Description					Event #	
Printing L/H,Reply cards, Envelopes						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$5,065.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

N. Expenses Paid By Committee

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Cricket Press				02/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1020</u>	
19 Sedgwick Rd	West Hartford	CT	06107	A-DM	<input type="checkbox"/> Debit Card	
Description					Event #	
Printing Reply cards						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$103.88

Name of Payee						Date of Payment	Method of Payment	Amount
Bryan T. Cafferelli						02/24/2010	<input checked="" type="checkbox"/> Check # <u>1022</u>	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
150 Walden St		West Hartford	CT	06107	OVHD			
Description							Event #	
Reimb for postage								
<div style="display: flex; justify-content: space-between;"> Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate(s) Name Office Sought </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>								
\$560.00								

Name of Payee					Date of Payment	Method of Payment	Amount
Jamestown Associates					02/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1021</u>		
5 Mapleton Rd Ste 300	Princeton	NJ	08540	PRNT	<input type="checkbox"/> Debit Card		
Description						Event #	
Travel for meeting							
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$389.49

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Dave Louden					03/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1023</u>		
603 Farmington Ave Apt C-5	Hartford	CT	06105	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
Consulting Fees/Campaign Mgr							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>							\$2,000.00
Other Candidate(s) Name					Office Sought		
Name of Payee					Date of Payment	Method of Payment	Amount
Sinatro Bros. LLC					03/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1024</u>		
62 Lasalle Rd	West Hartford	CT	06107	OVHD	<input type="checkbox"/> Debit Card		
Description						Event #	
Rent Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>							\$1,800.00
Other Candidate(s) Name					Office Sought		
Name of Payee					Date of Payment	Method of Payment	Amount
Flagship Mailing					03/10/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1041</u>		
44 Chase River Rd	Waterbury	CT	06704-1408	A-DM	<input type="checkbox"/> Debit Card		
Description						Event #	
Postage Norwalk/Norwich							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>							\$820.00
Other Candidate(s) Name					Office Sought		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
PayUSA Tax Deposit					03/11/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
2001 W Main St	Stamford	CT	06905	WAGE			
Description						Event #	
Payroll tax deposit							
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$5,454.46

Name of Payee						Date of Payment	Method of Payment	Amount
PayUSA						03/11/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure			
2001 W Main St		Stamford	CT	06905	OVHD	<input checked="" type="checkbox"/> Debit Card		
Description							Event #	
Payroll processing fee								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div style="float: right;">Other Candidate(s) Name Office Sought</div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>								
\$27.14								

Name of Payee					Date of Payment	Method of Payment	Amount
Dave Louden					03/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1025</u>		
603 Farmington Ave Apt C-5	Hartford	CT	06105	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
Campaign Manager							
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>							
							\$6,750.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Esydor Media, LLC				03/17/2010	<input checked="" type="checkbox"/> Check # <u>1026</u>	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
15 Corbin Dr	Darien	CT	06820	WEB		
Description					Event #	
Website monitoring						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$2,621.06

Name of Payee					Date of Payment	Method of Payment	Amount
Brian Grissler					03/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1027</u>		
42 Dabney Rd	New Canaan	CT	06840	REF	<input type="checkbox"/> Debit Card		
Description						Event #	
Returned Contribution							
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>							
							\$100.00

Name of Payee					Date of Payment	Method of Payment	Amount
Zody's 19th Hole					03/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1028</u>		
451 Stillwater Rd	Stamford	CT	06902	FNDR	<input type="checkbox"/> Debit Card		
Description						Event #	
Restaurant						02082010B	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name <input type="text"/> </div> <div> Office Sought <input type="text"/> </div>							
							\$424.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
PMI Inc					03/22/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
PO Box 698		Marianna	FL	32447	CNSLT		
Description						Event #	
Voter info							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$250.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Doug Hageman					03/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1042</u>	
PO Box 555		Marion	CT	06444	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
Consulting							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$1,000.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Jamestown Associates					03/26/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
5 Mapleton Rd Ste 300		Princeton	NJ	08540	A-TV		
Description						Event #	
Advertising on TV							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$13,224.00							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee Briana Fedele					Date of Payment 03/27/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$327.95
Street Address 236 High Ridge Rd	City Stamford	State CT	Zip Code 06905	Purpose of Expenditure FNDR	1029 <input type="checkbox"/> Debit Card		
Description Food/Beveragesfor Fund Raisers					Event # 03042010C		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee The Loft					Date of Payment 03/27/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$500.00
Street Address 97 Washington St	City South Norwalk	State CT	Zip Code 06854	Purpose of Expenditure FNDR	1030 <input type="checkbox"/> Debit Card		
Description Restaurant					Event # 03242010G		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee First Compensation Insurance					Date of Payment 03/29/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$507.00
Street Address 581 Post Rd	City Darien	State CT	Zip Code 06820	Purpose of Expenditure OVHD	1031 <input type="checkbox"/> Debit Card		
Description W/C insurance coverage					Event # 		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee Anthony Critzman					Date of Payment 03/29/2010	Method of Payment <input type="checkbox"/> Check #	Amount \$100.00
Street Address 288 Barrack Hill Rd	City Ridgefield	State CT	Zip Code 06877	Purpose of Expenditure REF	<input checked="" type="checkbox"/> Debit Card		
Description NSF check					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee First County Bankf					Date of Payment 03/30/2010	Method of Payment <input type="checkbox"/> Check #	Amount \$125.22
Street Address 117 Prospect St	City Stamford	State CT	Zip Code 06905	Purpose of Expenditure BNK	<input checked="" type="checkbox"/> Debit Card		
Description Bank and Merchant Fees					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee PayUSA Tax Deposit					Date of Payment 03/30/2010	Method of Payment <input type="checkbox"/> Check #	Amount \$1,075.18
Street Address 2001 W Main St	City Stamford	State CT	Zip Code 06905	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Description Payroll tax deposit					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee						Date of Payment	Method of Payment	Amount
PayUSA						03/30/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure			
2001 W Main St		Stamford	CT	06905	OVHD	<input checked="" type="checkbox"/> Debit Card		
Description							Event #	
Payroll processing fee								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div style="float: right;">Other Candidate(s) Name Office Sought</div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>								
\$27.14								

Name of Payee					Date of Payment	Method of Payment	Amount
Chris Cooper					03/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
77 Ripley Hill Rd	Coventry	CT	06238	WAGE			
Description						Event #	
Net Wages							
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$2,309.98

Name of Payee				Date of Payment	Method of Payment	Amount
Krista D'Amelio				03/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
64 Wellington Ave	Waterbury	CT	06708	WAGE		
Description					Event #	
Net Wages						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$507.80

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Fedele 2010						Original 04/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
First County Bankf					03/31/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
117 Prospect St		Stamford	CT	06905	BNK		
Description						Event #	
Bank and Merchant Fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
<div> <div> <div></div> <div>Yes</div> </div> <div> <div>X</div> <div>No</div> </div> </div>							
\$127.27							
Name of Payee					Date of Payment	Method of Payment	Amount
First County Bankf					03/31/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
117 Prospect St		Stamford	CT	06905	BNK		
Description						Event #	
Bank and Merchant Fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
<div> <div> <div></div> <div>Yes</div> </div> <div> <div>X</div> <div>No</div> </div> </div>							
\$434.53							
Total of Section N							\$64,124.37

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Fedele 2010						Original 04/12/2010	
O. Campaign Expenses Paid By Candidate							
Name of Payee Cos Cob Liquor Store				Date of Payment 03/05/2010		Is Reimbursement Claimed?	
Street Address 130 Post Rd				City Cos Cob		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
State CT		Zip Code 06807		Event # 03042010C		Amount \$432.58	
Purpose of Expenditure FNDR		Description Beverages					
Total of Section O							\$432.58

IV. EXPENDITURES						
NAME OF COMMITTEE						FILING DUE DATE
Fedele 2010						Original 04/12/2010
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution				Type of Credit Card:		
				Visa Master Card Discover American Other		
Name of Vendor					Date of Transaction	Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure	Description				Event #	
Total of Section P						

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor Arch Street Teen Center		Date Incurred 03/04/2010	Event # 03042010C		Amount Incurred (Estimate or Actual)
Street Address 100 Arch St		City Greenwich	State CT	Zip Code 06840	
Purpose of Expenditure FNRD	Description Hall Rental				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought	\$100.00
Name of Creditor Apple Rehab Shelton Lakes		Date Incurred 03/09/2010	Event # 03092010D		Amount Incurred (Estimate or Actual)
Street Address 5 Lake Rd		City Shelton	State CT	Zip Code 06484	
Purpose of Expenditure FNRD	Description Catering/Hall Rental				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought	\$700.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor Home savers LLC		Date Incurred 03/20/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 99 East St		City Wallingford	State CT	Zip Code 06451	
Purpose of Expenditure REF	Description Contribution received in error				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Other Candidate(s) Name		Office Sought		\$10.00	

Name of Creditor Pontelandolfo Community Club		Date Incurred 03/23/2010	Event # 03232010F		Amount Incurred (Estimate or Actual)
Street Address 300 Farmwood Rd		City Waterbury	State CT	Zip Code 06708	
Purpose of Expenditure FNDR	Description Hall Rental				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Other Candidate(s) Name		Office Sought		\$750.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor Leon's Restaurant		Date Incurred 03/30/2010	Event # 03302010I		Amount Incurred (Estimate or Actual)	
Street Address 501 Long Wharf		City New Haven		State CT		Zip Code 06501
Purpose of Expenditure FNDR	Description Catering/Hall Rental					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
		Other Candidate(s) Name		Office Sought		\$250.00

Name of Creditor State of CT, Treasurer		Date Incurred 03/31/2010	Event #		Amount Incurred (Estimate or Actual)	
Street Address 55 Elm St		City Hartford		State CT		Zip Code 06106
Purpose of Expenditure TRVL	Description Auto Use of State Vehicle					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
		Other Candidate(s) Name		Office Sought		\$500.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor Netology Tech Svs		Date Incurred 03/31/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 1200 Summer St		City Stamford	State CT	Zip Code 06905	
Purpose of Expenditure OVHD	Description Computer support				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Name of Creditor Cricket Press		Date Incurred 03/31/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 19 Sedgwick Rd		City West Hartford	State CT	Zip Code 06107	
Purpose of Expenditure A-DM	Description Printing cards/env				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

\$662.50

\$3,033.13

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor Jamestown Associates		Date Incurred 03/31/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 5 Mapleton Rd Ste 300		City Princeton	State NJ	Zip Code 08540	
Purpose of Expenditure A-TV	Description Media/Advertising				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought	\$10,214.00

Name of Creditor Jamestown Associates		Date Incurred 03/31/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 5 Mapleton Rd Ste 300		City Princeton	State NJ	Zip Code 08540	
Purpose of Expenditure A-TV	Description Film Commerical				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought	\$10,000.00

IV. EXPENDITURES

NAME OF COMMITTEE				FILING DUE DATE	
Fedele 2010				Original 04/12/2010	
Q. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor Totilo & Company			Date Incurred 03/31/2010		Event #
Street Address 1200 Summer St		City Stamford		State CT	Zip Code 06905
Purpose of Expenditure OVHD	Description Office Expense				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name		Office Sought
					\$250.00
Total of Section Q					\$35,827.03

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	Original 04/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Bryan Cafferelli		Date of Payment 02/17/2010	Method of Payment <input checked="checked" type="checkbox"/> Check # 1022	Amount
Secondary Payee Cricket Press		Purpose of Expenditure A-DM	<input type="checkbox"/> Debit Card	
Street Address 19 Sedgewick Rd	City West Hartford	State CT	Zip Code 06107	
Description Postage			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
				\$560.00

Name of Worker/Consultant Briana Fedele		Date of Payment 03/04/2010	Method of Payment <input checked="checked" type="checkbox"/> Check # 1029	Amount
Secondary Payee Stew Leonards		Purpose of Expenditure FNDR	<input type="checkbox"/> Debit Card	
Street Address 100 Westport Ave	City Norwalk	State CT	Zip Code 06851	
Description Food for Fundraiser			Event # 03042010C	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
				\$327.95

Total of Section R

\$887.95

IV. EXPENDITURES				
NAME OF COMMITTEE				FILING DUE DATE
Fedele 2010				Original 04/12/2010
S. Surplus Distribution of Equipment and Furniture				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description				
Total of Section S				